

State of Montana

2015 – 2019

Child & Family Services Plan (CFSP)

I. GENERAL INFORMATION

Montana's contact for the 2015 – 2019 CFSP is:

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Below is the link where the 2015 – 2019 CFSP is located on the State's website

A. State Agency Administering the Programs:

Montana Department of Public Health and Human Services (DPHHS) – Child and Family Services Division (CFSD) is the agency that administers the Title IV-B programs under this plan. Child protections services are State administered in Montana. CFSD is one of the eleven Divisions comprising DPHHS. CFSD provides state and federally mandated protective services to children who are abused, neglected, or abandoned. This includes receiving and investigating reports of child abuse and neglect, working to prevent domestic violence, helping families to stay together or reunite, and finding placements in foster, kinship, guardianship or adoptive homes.

The writing of the CFSP and subsequent Annual Progress and Services Reports (APSR) is done by the CFSD Division Administrator, Program Bureau staff, and Operations and Fiscal Bureau staff. These are CFSD's Central Office administrative staff that are located in Helena, Montana. CFSD's Central Office organizational chart is a separate pdf attachment that will be e-mailed to ACF along with the CFSP. The CFSP will be posted to the DPHHS website after notice is received that it has been reviewed and approved by the ACF Regional Office.

B. Vision Statement:

The following is the Mission/Vision Statement for CFSD: Keeping Children Safe and Families Strong. The State of Purpose that has been adopted by CFSD is as follows: To protect children who have been or are at substantial risk of abuse, neglect or abandonment. We strive to assure that all children have a family who will protect them from harm. We recognize the protective capacities of families and incorporate them in assessments, decision making and actions with the goal of improving safety, permanency and well-being for children. We encourage our communities to strengthen their prevention efforts and to share responsibility for the safety of its children and families.

C. Collaboration:

CFSD utilizes its State Advisory Council to provide feedback on the CFSP/APSR and for on-going coordination and collaboration across the entire child welfare system. The Council also functions as the State's CAPTA Citizen Review Panel. The membership of the State Council includes, but is not limited to: a district court judge, legislator, former legislator/nurse, educator, retired chief juvenile probation officer, public defender (representing children), foster/adoptive parent, therapist, community members, state director of CASA, staff person from Office of Public Instruction (OPI) who works with homeless, dependent, and neglected youth, and a former county attorney. The State Advisory Council meets quarterly, receives information about CFSD activities, and provides feedback regarding those activities. The Council's feedback over the past year on the information presented to them was taken into account in the development of the goals and objectives listed in the 2015 – 2019 CFSP.

The State Advisory Council is asked to review the CFSP and provide feedback. The CFSP was posted to the CFSD website and notice went out to the State Advisory Council and Montana Court Improvement Program asking for their review and comment. The CFSP was also sent to Montana's seven federally recognized Tribal governments for review and comment. In order to allow for sufficient time to review the entire document Montana's comment period extends beyond June 30, 2014. Comments received from all stakeholders will be collected and any CFSP changes resulting from the stakeholder comments will be reported in the 2015 APSR. Stakeholders will have an opportunity for ongoing review and input of the CFSP as the final version and subsequent APSR will be posted to the CFSD website.

Other collaboration and coordination at the state level that will continue over the next five years include, but are not limited to: CFSD representation on the State Systems of Care Statutory; Montana Alliance for Families Touched by Incarceration; Montana Alliance for Drug-Endangered Children; Shaken Baby Prevention Task Force (state level); Delta Advisory Board (family violence prevention); Early Childhood Comprehensive System School Readiness Task Force; Best Beginnings Governor's Advisory Council (to develop comprehensive early childhood systems in communities statewide); Montana Fetal, Infant, Child Mortality Review Board; the Family Support Services Advisory Council (related to services for children with development disabilities); and the Office of Public Instruction's Special Education Advisory Panel. CFSD continues to collaborate with Department staff in the Children' Mental Health Bureau and community service providers to develop and implement a Montana version of the Child and Adolescent Needs and Strengths (CANS) Comprehensive Multisystem Assessment.

CFSD is collaborating with staff at University of Montana School of Social Work (U of M) to assist in addressing staff recruitment and retention issues. As a result of a recruitment and retention survey completed by U of M, changes have been made to the curriculum and scheduling of MCAN Training (CFSD new employee training). The training is no longer conducted by U of M staff. Instead, the training is coordinated and conducted by a new position, the Training and Staff Development Specialist. CFSD Supervisors also co-train with this position. In addition, outside experts on particular topics; such as, Drug Endangered Children, are used to present pieces of the new MCAN training. This collaborative survey also identified workload as the top issue in CFSD leading to turnover. Although CFSD will be exploring the possibility of asking for additional staff during the 2015 legislative session, if the Division is not successful in obtaining additional FTE, then expansion of collaborative efforts with Child Placing Agencies, with regards to licensing foster families, may be explored. There are also plans to conduct a follow-up survey to measure the impact of these ongoing changes on CFSD staff recruitment and retention. The date of the follow-up survey has not been determined.

On-going collaboration efforts at the regional level include, but are not limited to: CFSD representation on boards and councils such as United Way Youth Impact Council (Billings), Western Montana Addition Services Board (Missoula), Youth Services Center Board (Billings); domestic violence prevention boards, children's advocacy center boards, local drug task forces, early childhood coalitions, local CASA boards, Malmstrom Air Force Base quarterly interdisciplinary team meetings, and other multi-disciplinary teams. The CFSD also receives input and comments, as needed, from members of child protection teams, foster care review committees, and foster parent/adoptive parent groups. Regions II, IV, and V have identified CFSD liaisons for each school in the larger communities, and all of the regions participate in training and regular meetings with school personnel. CFSD created a mini-grant program several years ago that encourages collaboration at the local level between different agencies services CFSD children and families. This program has increased collaboration at the local level between law enforcement, medical health providers, county attorney offices, and other stakeholders, because all agencies work together to apply for the funding available under the program. This program is still in effect.

CFSD also collaborates with the judicial system on both the state and regional level. On the state level, the director of the Montana Court Improvement Program (MCIP) is a key stakeholder in CFSD's work with the Courts and serves on the State Advisory Council. MCIP very recently hired a new coordinator, so the MCIP director has not been as actively involved in development of the CFSP. MCIP has been given an opportunity to review and respond to the plan. As the new Director learns her position, additional opportunities to collaborate and provide input on CFSP/PSR goals and planning will be made available. In the past, the MCIP director served as a member of the CFSD Program Improvement Group (the group charged with the development and implementation of the Program Improvement Plan). Given Round 3 of the CFSR will occur within the timeframe covered by this CFSP, the MCIP director will be asked to serve on this team again. MCIP is also actively involved in the planning and coordination of CFSD's annual CAN Conference and has historically also been involved in other court related trainings for CFSD staff, stakeholders and court personnel.

CFSD staff members also continue to collaborate with the judicial system on the regional level in other forums. In those judicial districts with family drug treatment courts, CFSD staff collaborate and coordinate with other family drug treatment court stakeholders. Many local communities have on-going meetings involving CFSD staff and county attorneys to discuss local judicial issues and cases.

In the past year, CFSD worked with the District Court to facilitate the hiring of a mediator to work within the Yellowstone County pilot court to facilitate prehearing conferences and formal mediations and to serve as a coordinator and data collection position to track the data related to the pilot court that had been implemented as part of the Program Improvement Plan. The data that this position is working to collect regarding the impact of the pilot court practices on timely permanency is not yet available; however, it will be included in future years. In Missoula County, a pilot is also underway to use the Safety Assessment and Management System (SAMS) assessments as the basis for court affidavits in situations involving removal of children from the home and adjudication as Youths in Need of Care. Workers report, initially, that the pilot is moving forward successfully and reducing workload for staff. However, further progress will be reported next year.

The statewide DN taskforce has continued to meet over the past year. The DN taskforce has presented at the Montana District Judges conferences in May and October 2013. The topics presented included trauma-informed child welfare practice and an introduction to the Title IV-E waiver

demonstration project; as well as, the DN handbook developed by the workgroup that aligns and outlines Montana statute and the SAMS model. The next step for the DN is to create a day-long training, based on the guide, that will be implemented with the goal of requiring the training for all attorneys practicing in DN cases. The training will be video-taped and also offered as online modules of CLE credits for attorneys. It is anticipated that the first training will occur in Spring 2015.

Many of the agency's goals of the next 5 years are related to Montana's Title IV-E Waiver Demonstration Project. Collaboration on that project has included regional community forums. These forums included CFSD Management Team staff, CFSD field staff, and local community partners. CFSD has also formed a Title IV-E Waiver Steering Committee that meets monthly to provide input and share ideas on the implementation of the Title IV-E Waiver. The committee consists of CFSD Management Team and Child Welfare Managers. Members from outside the agency include representatives from a cross section of stakeholders in the CPS system including: private sector mental health providers, private sector congregate care provider, County Attorney staff, public defender attorney, a legislator, and county health department staff.

CFSD has also involved Tribes in the Title IV-E Waiver process by sending letters to Tribal Chairs and/or Presidents, holding conference calls, presenting on the Title IV-E Waiver at the Tribal Social Services Association conference in May 2014, and by attending in-person meetings hosted by the Tribal Social Services Association. At the present, all Montana Tribes have been given an opportunity to take part in the Title IV-E Waiver, but they have all declined. Tribes have been made aware that they can "opt in" and subsequently "opt-out" at any time during the five years the waiver is in place as set forth in the Terms and Conditions of the Demonstration Project signed by Montana and ACF. Tribes are reluctant to move from an uncapped entitlement to a capped allocation; therefore, it is not likely that Tribes will choose to participate. CFSD entering into the Title IV-E Waiver does not impact Tribes as the Title IV-E contracts negotiated with Tribes remain in place, and the Title IV-E allocations paid to Tribes under the contracts are not subject to CFSD's capped allocation of federal funding. Ongoing communication with Tribes about the Title IV-E Waiver will continue to occur in both large group settings, with multiple Tribes being represented, and meetings with individual Tribes as requested. A more detailed description of Montana's collaboration with Tribes can be found in Section D5.

Regional Administrators are meeting with the local courts, providers, and stakeholders in their areas on an ongoing basis. Community outreach is also being made by the SafeCare Augmented Program Manager as this position works with community partners to implement the SafeCare Augmented model with fidelity across the State.

Montana's State Advisory Council is the primary group CFSD has relied upon to provide feedback on data, CFSD strengths and areas needing improvement, and goals and objectives for the 2015 – 2019 CFSP. CFSD recognizes that more integrated involvement from stakeholders will be needed moving forward. CFSD will schedule meetings with Tribal Social Services from the State's seven federally recognized Tribes and have specific discussions on the CFSP and subsequent APSRs. Also, the MCIP Director will play a more active role in providing input from the Courts in future years. The Title IV-E Waiver Steering committee will also be able to provide input on sections of the plan as they pertain to the Title IV-E Waiver.

Data used to determine progress on the goals and objectives listed in this CFSP will be posted on the CFSD website and made available during State Advisory Council Meetings, meetings with MCIP,

meetings with Tribes, and in local meetings that occur between CFSD field staff and local stakeholders. CFSD may also look at more structured processes for gaining feedback; such as, surveys or questionnaires as part of the CQI process being developed.

II. ASSESSMENT OF PERFORMANCE

As a requirement in this plan, the state must provide relevant and reliable data on its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. To the extent available, Montana has included data from its most recent data profile, national standards, data related to systemic capacity, its case record review data and other relevant data for this assessment. Moving forward, Montana will work to include data that shows performance over time and will continue to indicate the sources and time period(s) for the data provided. As the state does not have sufficient, accurate, timely data to assess performance for all of these outcomes moving forward, CFSD has noted these concerns in this section and included further information as applicable in Quality Assurance (this section below) and Goals (in section D3).

With regards to the strengths and concerns related to Montana's performance on each outcome and each systemic factor, Montana has included that following analysis of data regarding significant areas of concern with particular focus on those areas that may inform state decisions about goals, objectives, interventions and target populations:

A. Child And Family Outcomes

1. Safety Outcomes 1 and 2 (1355.34 (b)(1)(i))

Safety Outcome 1: Children will first and foremost, protected from abuse and neglect

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

59% Substantially Achieved

This measure had been at 71% Substantially Achieved during the April 2010 – March 2011 period under review. It then dropped to 50% from April 2011 – March 2012. The following period under review, Montana realized another significant drop to 38% in this outcome. The current measure of **59% Substantially Achieved** in the most recent sample period demonstrates progress. This can likely be attributed to the ongoing implementation of the SAMS model, and it is hoped that further gains will be made due to automation of the SAMS assessment process and improved technology to assist a workforce that has been stretched to capacity. Within this outcome, the following results from Montana's case review data are also available:

Timeliness of Initiating Investigations

Item 1			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	36	81%	19%
4/1/11-	34	44%	56%

3/31/12			
4/1/12- 3/31/13	61	56%	44%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	17	65%	35%

During this six month sample period, Montana's rating of **65%** substantially achieved, indicates that a growing percentage of cases met requirements for timeliness of initiating investigation and face-to-face contact with all child victims. Reviews noted 35% did not meet the timeliness requirements, primarily due to a lack of timeliness of meeting face to face with child victims, per state requirements, or no documentation of meeting with child victims. Over the past three years, timeliness of investigation in case reviews had significantly decreased as workload increased and CFSD experienced a high rate of staff turnover. However, it appears improvement is occurring as the SAMS model for safety decision-making and assessment is more fully implemented and trained, and the automated MSAMS tool has also been rolled out to the field in early Spring 2014 to allow caseworkers to more expediently complete the SAMS present danger and family functioning assessments. However, a record number of child maltreatment reports have been received in 2013 and 2014, and no additional staff resources have been available to respond accordingly. Looking forward, the Title IV-E Waiver innovations will be of importance to help try to safely reduce the growing work load due to record numbers of children in foster care. If report numbers and caseloads continue to grow at their current pace, and no additional resources are allocated to CFSD, it is anticipated that no improvement in this outcome will occur.

Repeat Maltreatment

CFSR Item 2			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	11	69%	31%
4/1/11- 3/31/12	16	44%	56%
4/1/12- 3/31/13	6	83%	17%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	6	83%	17%

Although this particular CFSR item is not included in the new federal review tool, repeat maltreatment will continue to be measured statewide per a proposed data set. Per Montana's case reviews 83% of the children reviewed did not experience repeat maltreatment. Additionally, per additional reports available to CFSD from its "Results Oriented Management" (ROM) system, during this same sample period, 876 children experienced abuse. Of those children, 835 children (95%) did not experience repeat maltreatment, while 41 (5%) children did experience repeat maltreatment. Only one case reviewed during this time had repeat maltreatment when the child was in foster care. Montana also met or exceeded the national standard, in that greater than 94.4% of the children were safe from repeat maltreatment each year since 2010.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

34% Substantially Achieved

Montana has seen a sharp decrease in maintaining children safely in their homes, from 71% Substantially Achieved between April 2010 and March 2011, to 50% Substantially Achieved between April 2011 – March 2012. Montana further experienced two more decreases to 38% Substantially Achieved between April 2012 – March 2013, to the current rating of **34%** Substantially Achieved between April 2013 and September 2013. These decreases in maintaining children safely in the home likely result from the increased workload and record number of children in foster care. In the past two years, Montana has experienced greater than a 30% increase in children in foster care without any additional staff resources. The Title IV-E Waiver contains innovations designed to safely reduce the number of children 0-5 entering foster care and for short periods of time by using intensive services to provide services to families in their homes to allow children to remain in the home safely. In the June 2013 SAMS Fidelity Review conducted by ACTION for child protection, Montana also identified that further training on implementation of In-Home Safety Plans with high fidelity was not occurring. Therefore, further staff training on the model, with a focus on the use of In-Home Safety Plans with fidelity, has occurred and continues to occur. A follow up fidelity review will be scheduled upon completion of this training by every unit and supervisor in the state. Montana hopes that by providing this ongoing training and implementing the Title IV-E Waiver, it will result in improved future outcomes for families as children maintained safely in their homes.

Services to Protect Children in Their Homes and Prevent Removal and/or Re-Entry

CFSR Item 3			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	58	66%	34%
4/1/11- 3/31/12	50	38%	62%
4/1/12- 3/31/13	63	63%	37%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	29	69%	31%

Although CFSD staff turnover continued in some areas of the state, the impact on families appears to be decreasing. This is supported by the most recent sample pull covering from April 2013 to September 2013. During this period, the ‘strength’ ratings improved from 63% to 69%, showing a possible correlate as more stability in the workforce is realized and the SAMS model continues to be implemented and trained.

As the Title IV-E Waiver implementation moves forward, more intensive, evidence-based home visiting services are anticipated to yield better results in this area, particularly in regards to skill levels of providers and capacity for building support systems for families, than the current non-evidence based models employed around the state. Consistency statewide will help ensure families are receiving the similar quality services, wherever they may reside. However, this will likely not occur statewide until the end of this five year plan, due to the implementation timeline for the Title IV-E waiver, and the requirement to conduct a rigorous evaluation using a quasi-experimental design. Furthermore, with continuous quality improvement processes in place, community partners can work together to address identified barriers and share successes when addressing unique issues in rural and more urban areas of the state.

Risk Assessment and Safety Management

CF SR Item 4			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	124	71%	29%
4/1/11-3/31/12	100	50%	50%
4/1/12-3/31/13	100	38%	62%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	50	38%	62%

During the most recent period under review, 4/1/13 – 9/30/13, Strength ratings were **38%**. This remained the same as the previous sample period, 4/1/12 – 3/31/13. The majority of the reasons for this period’s Area Needing Improvement ratings were documented as follows: Lack of ongoing assessment, lack of face-to-face with the children, and missing documents/documentation from both

Child Protective Services and In-Home Services contractors. When ongoing visits are not occurring, assessment and safety management cannot happen effectively. Due to increased workload, staff report that it has become much more difficult to manage the ongoing requirements. The largest contributing factor was in at least 30% of the cases reviewed, reviewers noted a lack of CPS visitation with children and families. This correlates with the ROM reports indicating on average, only 22% of the children in foster care receive monthly visits by CPS (676 children received monthly visits during this sample period, while 2,349 children did not).

2. Permanency Outcomes 1 and 2 (1355.34 (b)(1)(ii))

Permanency Outcome 1: Children have permanency and stability in their living situations

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

23% Substantially Achieved

Historical data indicates that Montana has seen an inconsistent pattern, with mainly decreases, in its cases that have substantially achieved this permanency outcome. Between April 2010 and March 2011, 31% of cases reviewed Substantially Achieved this outcome; between April 2011 and March 2012, 25% of cases reviewed Substantially Achieved this outcome; and between April 2012 and March 2013, 35% of cases reviewed Substantially Achieved this outcome. In the most recent period under review, only 23% of cases reviewed Substantially Achieved this outcome.

In regards to overall permanency ratings, the Federal Permanency Composite 1 indicates that 70.4% of Montana children exited to reunification in less than 12 months from the time of most recent entry into foster care. The median stay for these children was 6.5 months. When using an entry cohort, this percentage drops to 42.5%. However, these numbers represent a slight increase in percentage of children achieving stability and permanency through reunification over FFY 2011 and FFY 2012. In FFY 2011, 67.6% of children exited to reunification in less than 12 months, and using an entry cohort, 41.2% of children were reunified in less than 12 months from the date of the latest removal. In FFY 2012, 70.5% of children exited to reunification in less than 12 months, and using an entry cohort, only 35.2% of children were reunified in less than 12 months from the date of the latest removal. The median length of time to reunification was 7.2 months in FFY 2011 and 6.2 months in FFY 2012.

Foster Care Re-entries

Foster care re-entries within a 12 month period have not been a significant issue in Montana, while using an entry cohort for a foster care episode, the percentage of cases that received Strength ratings ranged from 80-100% between 2010 and 2012, and 100% in 2013. Placement stability did not falter by large margins over the past three years and Strength ratings remained between 73-87%. In the upcoming year, CFSD will add permanency roundtables, implement a new position type called Child Welfare Managers in each region, and renew its focus on permanency. As SAMS implementation has dominated the training and focus of CFSD, the implementation of these practices and positions, in conjunction with the implementation of the Title IV-E Waiver innovations, CFSD anticipates that over the next five years, permanency goals may be achieved more quickly for children, thereby reducing the number of children in foster care safely while allowing workers to have more time to work with individual families.

CFSR			
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Item 5			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	3	100%	0%
4/1/11- 3/31/12	5	80%	20%
4/1/12- 3/31/13	14	93%	7%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	4	100%	0%

Although this item is not included in the updated federal CFSR review tool, Montana scored **100%** Strength ratings in the most recent period under review. 4 of 30 foster care cases were applicable, and these four children did not re-enter foster care within a 12 month period of entering care during the period under review.

In the Federal permanency composite rating 1, Montana had 13.1% of children who were discharged from foster care to reunification in the previous 12 months re-enter foster care in FFY 2013, less than 12 months from the date of discharge. This was down from 14.3% in FFY 2012 and 13.3% in FFY 2011. This is below the national median of 15.0%.

Historically, Montana has not seen significant problems in this area when using an entry cohort; However, it remains the goal of the State to meet or exceed the national standards of less than 9.9%.

Placement Stability

Item 6			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	75	87%	13%
4/1/11- 3/31/12	60	87%	13%
4/1/12- 3/31/13	60	78%	22%

Sample Period	Total # Applicable Cases	% Strength	% ANI
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4/1/13- 9/30/13	30	73%	27%
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During the most recent sample period, 30 cases were reviewed, and **73%** were determined to be stable placements, with any changes during the period under review deemed to be in the child's best interest in achieving his or her permanency goals. Children experienced stability in kinship, concurrent, and regular foster care settings. In half of the remaining 27% of the cases rated as 'area needing improvement,' the outcome related to documentation being insufficient to determine placement stability. The other half of the ANI cases were due to the child's behaviors not being stabilized and needing different levels of care, depending on various unplanned circumstances, that were not in accordance with the child's permanency goals.

In regards to Federal Permanency Composite 4, 86.6% of Montana children in care for less than 12 months experienced two or fewer placements in FFY 2013. This has remained steady since FFY 2011, when 86.1% of children in care for less than 12 months experienced two or fewer placements. In FFY 2012, 86.9% of children in care for less than 12 months experienced two or fewer placements. When looking at children in care between 12 and 24 months, this percentage fell to 67.9%; however, it has improved since FFY 2011 when it was 64.7% and FFY 2012 when it was 65.9%. By the time that children have been in care for more than 24 months, the percentage of children with two or fewer placements in FFY 2013 was 39.9%. This is an improvement over FFY 2011 when it was 34.6% and FFY 2012 when it was 37.3%.

The Title IV-E Waiver innovations that focus on children in foster care in excess of 36 months, as well as children in relative placements, should produce practice indicators to promote earlier permanency for children, and improved placement stability outcomes. Furthermore, as Child Welfare Managers implement CQI processes in the field and conduct ongoing case reviews in real time, it is anticipated that placement stability will improve and issues impacting placement stability will be addressed and resolved for a greater percentage of children.

Timely and Appropriate Permanency Goals

Item 7			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	75	43	57
4/1/11- 3/31/12	60	37	63
4/1/12- 3/31/13	60	33	67

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	30	43	57

During the most recent sample period, 30 applicable cases were reviewed and **43%** were determined to have timely and appropriate permanency goals, and if the child had been in care for 15 out of the last 22 months, TPR or an exception had been filed. In 30% of the cases, adoption was the primary permanency goal, in 45% the goal was reunification, in 7% the goal was placement with non-custodial parent, in 7% the goal was to maintain child in his/her family, in 7% the goal was guardianship, and in 3% the goal was other planned permanent living arrangement. 54% of the children in the sample had been in care for 15 out of 22 months. 57% of the cases rated as 'area needing improvement' were due to the permanency goals not being established in a timely manner. 65% of ANI ratings were related to concurrent permanency goals not being established within 90 days of placement, or the goals were not modified in CAPS as the result of changing circumstances in the cases. Of the 11 children who had been in care longer than 15 out of 22 months, in 36% of those cases the department had not filed for termination of parents rights nor had an exception for not filing been filed with the court or FCRC. However, 1 of those cases involved a Native American child and family in which where rights were not terminated until the child was adopted. Unfortunately, CFSD did not document this reason in the file as an exception. Permanency roundtables, in addition to the Child Welfare Manager positions focusing on permanency outcomes, combined with the Title IV-E Waiver innovations related to permanency should produce improved outcomes for children and family with regard to timely and appropriate permanency goals.

Reunification/Guardianship/Permanent Placement with Specified Relative

Item 8			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	44	59	41
4/1/11- 3/31/12	34	47	53
4/1/12- 3/31/13	43	53	47

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	21	48	52

During the most recent sample period, 21 applicable cases were reviewed and in **48%** of these cases the agency made concerted efforts to achieve the permanency goal(s) of reunification, guardianship, or other permanent planned living arrangement with a relative. 43% of the cases with Strength ratings had a goal of reunification. 10% had both primary and concurrent permanency goals that fell within this item. Guardianship was a primary permanency goal in 5% of the Strength rated cases. The remaining 52% of the cases with Area Needing Improvement ratings were missing documentation of concerted efforts in the following categories: Guardianship families were not identified in 27%; length the child has been in care and goal not accomplished were missing in 45%; and 27% of the ANI cases had both

the primary and concurrent goals identified within this same item. Again, permanency roundtables, in addition to the Child Welfare Manager positions focusing on permanency outcomes, combined with the Title IV-E Waiver innovations related to permanency and engaging families should produce improved outcomes for children and family with regard to timely and appropriate permanency goals.

Adoption

Item 9			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	52	63%	37%
4/1/11- 3/31/12	43	30%	70%
4/1/12- 3/31/13	39	36%	64%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	22	32%	68%

During the most recent sample period, of the 22 cases reviewed for this period the strength ratings dropped 4%. Considering this was a significantly smaller sample to evaluate, the **32%** Strength rating may indicate that although Montana may not have improved, it is at least maintaining. Considering the noteworthy number of children in foster care, increasing steadily over the past 4 years, the documentation issues may be due to staff turnover and the influx of children in care.

Of the 22 cases that identified adoption as a permanency goal, ANI ratings rose 6%; however, given the difference of 17 less applicable cases compared to the previous sample period, this may not represent a significant occurrence. The lack of documented efforts toward the goal of adoption fell from 75% of the cases to just 18%, which is an indicator of what may be a significant shift in behavior as the workforce began to show slight signs of stabilization in late 2013. Another dynamic to watch is whether Montana sees a significant increase in adoptions that would correlate with a steep and persistent increase in foster care placements. It may be possible that the turnover and surge in removals led to delays in petitioning for and processing adoptions in the field. If the workforce stabilization continues, the adoption requests may rise again in the future. Initial indication appears to reflect such a pattern, when looking at the past four state fiscal years of adoption finalizations (state adoption not including tribal or private adoptions). Adoption tracking showed a large numbers of adoptions processed in calendar year 2011 (which fell between SFY11 and SFY12) that were commensurate with a time-limited tax stipend for adoptive parents. A total of 189 adoptions were finalized in SFY2011, compared to 205 in SFY12 and 154 in SFY13. Currently, 196 adoptions are projected to be finalized by the end of SFY14.

In the Federal Permanency Composite 2, Montana failed to meet the national standards. Only 25.5% of children exited to adoption in less than 24 months and the median length of time to adoption was

32.9 months. This measure has fluctuated for Montana over time. In FFY 2012, 23.1% of children exited to adoption in less than 24 months while the median length of time to adoption was 32.0 months. In FFY 2011, 26.5% of children exited to adoption in less than 24 months; however, the median length of time was longer at 34.1 months.

Montana will continue to work to expedite the adoption finalization process through ongoing centralization of the work, to the extent possible, to address the workload issues in the field. In addition, it will continue to work with courts and legal stakeholders to address timely TPR filings in cases. In looking at internal data sources (from the State CAPS system), it appears that the median length of time until TPR in State District Court is 531 days. This exceeds the federal ASFA timelines, so further efforts to educate attorneys and Judges will occur as delays in adoptions when TPR is not able to be achieved in less time.

Other Planned Permanent Living Arrangement (Emancipation/Long-term Foster Care/Placement with Relative)

Item 10			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	20	45%	55%
4/1/11- 3/31/12	13	31%	69%
4/1/12- 3/31/13	12	42%	58%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	4	25%	75%

During the most recent sample period, just four cases were applicable. One of four cases, in only **25%** did the agency make concerted efforts toward achievement of the permanency goal of other planned permanent living arrangement. In this case, the child's primary goal was achieved, and the child was appropriately placed with a family and remained living with the family while he attended college. The remaining 75% of the cases received ANI ratings due to a specific plan not being established for the child's permanent living arrangement, and in one of these cases the child also did not receive transitional living services.

In regards to the Federal Permanency Composite 3, of all the children who were legally free for adoption at their time of discharge from foster care, 90.8% were discharged to a permanent home. The national median in 96.8%.

Overall, timely permanency and the appropriate and limited use for PPLAs will be a focus of Child Welfare Managers and the Title IV-E Waiver. Children who are currently in PPLAs will be considered

for Innovation III of the Title IV-E Waiver and will also be considered for permanency round tables moving forward.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

57% Substantially Achieved

While some areas of family relationships improved (e.g., maintaining important connections, relative placement), maintaining the child's relationship with parents declined over the past few years. Enhanced focus on permanency through the use of permanency roundtables, and oversight of permanency outcomes through implementation of a CQI process by Child Welfare Managers, are significant efforts underway to improve these outcomes. Between April 2010 and March 2011, 51% of the cases reviewed were found to be Substantially Achieved. Between April 2011 and March 2012, 53% of the cases reviewed were found to be Substantially Achieved. A decline to 43% Substantially Achieved occurred between April 2012 and March 2013. In this most recent six month sample period, a 14% improvement was noted, and 57% of cases reviewed were Substantially Achieved.

Proximity of Foster Care Placement

Although this item is not included in the updated federal CFSR review tool, Montana scored a Strength rating in **40%** (20 of 50 applicable cases) of cases reviewed, regarding placing children in close proximity to their families, to foster visitation and to promote reunification.

Placement with Siblings

Item 12			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	39	90%	10%
4/1/11- 3/31/12	35	89%	11%
4/1/12- 3/31/13	39	92%	8%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	17	100%	0%

Placement with siblings has been an areas of strength for Montana, even with the influx of removals over the past few years. Substitute care providers and CFSD staff value placing siblings together whenever possible. At a 100% 'strength' rating in this item, Montana will continue to strive to surpass its above 90% average over the past three years.

Visiting with Parents and Siblings in Foster Care

Item 13			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	52	54%	46%
4/1/11- 3/31/12	43	51%	49%
4/1/12- 3/31/13	49	37%	63%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	22	45%	55%

During the most recent period under review, **45%** received Strength ratings. Of the 12 cases with ANI ratings, 67% were related to lack of visits between the mother and the child. The reasons stated were: one mother was incarcerated, three mothers resided in separate communities from the child, and in four cases, the reasons for no visits between mother and child were not documented in the case record. One of the four undocumented visits with mother was due to supervision of visits by kinship provider resulting in a lack of documentation. In the cases with ANI ratings, 75% of the visits between mother and child were less than monthly and the 80% of the visits lacked documentation regarding the quality of the visits.

Of the 12 ANI cases, 9 of them were related to visits between the father and the child. 89% of these ANI cases cited a lack of visitation between birth father and child in foster care. The reasons stated were: one of the fathers was incarcerated in another state, one father resided out of state, and six of the ANIs had no reasons documented. Two cases with undocumented visits with father were likely due to supervision of visits by kinship providers. In the cases with ANI ratings, 89% of the visits between father and child were less than monthly and 100% of the visits lacked quality.

Of the 12 ANI cases, six (50%) were applicable cases for sibling visits with the child in foster care. In these 50% ANI cases, the reasons cited were insufficient documentation in the record to identify why visitation was not occurring. Also noted in 66% of the ANI cases, the visits between siblings and child were less than monthly, and 40% of the visits lacked quality.

It also appeared that when visits were supervised by either a department visitation specialist or contracted provider, visits were better documented for both quantity and quality of visits. This dynamic indicates that when expanding the persons who supervise these visits, there needs to be a better understanding regarding what needs to be documented to ensure the documentation is requested and received for the case record. As the second phase of SAMS is implemented, it is anticipated that the focus on appropriate and sufficient visitation within the model will improve performance in this area.

Preserving Connections

Item 14			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	75	60%	40%
4/1/11- 3/31/12	60	52%	48%
4/1/12- 3/31/13	60	44%	56%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	30	67%	33%

In the most recent period under review, of the 30 cases reviewed, an increase from 23% to **67%** in Strength ratings occurred. The goal for CFSP 2010 -2014 was met at 58%, and this initial rating for 2015 -2019 is an increase of 9%. 20% of the children in foster care assessed are Native American. The connections promoted and/or maintained by the agency included the child's maternal and paternal relatives, Tribes, ethnic and cultural practices, school, community and friends. Native American children comprised 30% of the applicable cases; of these cases, 67% of these children were placed with Native American relatives. Overall, 60% of the children whose connections were maintained, also were placed with their relatives; the other 40% had their important connections maintained, but were not placed with relatives.

The 10 cases with ANI ratings were due to the following: 70% lacked documentation in the record about maintaining the child's connections and 20% specifically lacked ICWA compliance documentation. It is believed that increased relative placements has enhanced children staying connected with their relatives, friends, religious, cultural, tribal and school communities. Thus, the Title IV-E Waiver innovations that focus on increased guardianship placement and diligent search to increase relative placement resources will further advance the agency's performance in this area.

Relative Placements

Item 15			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11	70	53%	47%
4/1/11- 3/31/12	58	55%	45%

4/1/12- 3/31/13	55	60%	40%
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Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13- 9/30/13	27	70%	30%

During the most recent period under review, **70%** of these cases received Strength ratings. In these 27 cases, CFSD was able to place children with a relative, actively searching for maternal and paternal relatives or placing with a relative at that time was not in the best interest of the child due to his behaviors and/or being emotionally unstable. The remaining 30% of the cases were rated an ANI primarily due to insufficient documentation that indicated any efforts to locate or identify maternal or paternal relatives.

Based on AFCARS data, Montana continues to increase its use of kinship placements. For the first time in 2013, kinship placements exceeded 40% of all placements in the State.

The Title IV-E Waiver innovations related to kinship placement support and resources and focus on diligent search for family is anticipated to continue to improve outcomes within this item. Furthermore, the CQI process being developed with Child Welfare Managers will ensure that these efforts to locate and place with relatives occur early in the case to simultaneously improve placement stability and reduce the number of placements for children.

Relationship of Child in Care with Parents

Item 16			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10- 3/31/11 1	45	64%	36%
4/1/11- 3/31/12 2	33	52%	48%
4/1/12- 3/31/13 3	44	45%	55%

Sample Period	Total # Applicable Cases	% Strength	% ANI
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4/1/13- 9/30/13	19	37%	63%
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During the most recent period under review, **37%** of cases received Strength ratings, and concerted efforts were made to promote, maintain and support the relationships between the child and both parents. CFSD encouraged parents to attend birthday parties, medical appointments, school concerts and meetings, and to have phone calls with their children that were considered therapeutic. Many parents were offered the opportunity to attend children's activities, money for transportation and other given other ways that they could be involved, but the parents did not always take advantage of those opportunities for various reasons.

The 63% of cases receiving ANI ratings were primarily due to insufficient documentation to indicate CFSD made any efforts or offers to the parents to attend activities or provide money to attend those activities. An example was a case that noted CFSD allowed a child to maintain a relationship with a BFR that was in pre-release, but the paternal grandmother took it upon herself to ensure it occurred, and the record does not indicate that transportation expenses were addressed for the relative and she was not a placement provider for that child. Only 2 of the 13 applicable cases showed efforts to promote the child's relationship with the mother. None of the 9 applicable cases demonstrated efforts by the agency to promote the relationship of the child with his or her father.

Montana's efforts to engage parents in services, and promote their involvement in their children's lives, in ways other than visitation, will be a key focus of the Child Welfare Managers in reviewing cases within the newly developing CQI process. Furthermore, in two of the Title IV-E Waiver innovations, intensive services in the home to prevent removal and increasing participation of difficult to engage parents (who have court-ordered treatment plans will focus on encouraging parental involvement in their children's lives.

3. Well-being Outcomes 1, 2 and 3 (1355.34(b)(1)(iii))

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

22% Substantially Achieved

Montana has seen a decrease in child and family well-being outcome over the past few years, with the highest 'substantially achieved' being 48% between April 2010 and March 2011. The lowest, is Montana's most recent performance measurement at 22% between April 2013 and September 2013. Between April 2011 and March 2012, performance dropped 13% to 35%. Montana realized another 12% decrease between April 2012 and March 2013 when it reached 24%. All of the services provided and measured in well-being outcome 1 are related to caseworker outreach (assessment of needs, engagement in case planning and visitation with children, parents and foster parents). The high demand of caseworkers' time at the front end of services (safety) has impacted the capacity for CFSD workers to provide ongoing services to children and families in a timely and efficient way, given the significant increase in case loads and lack of increase in staffing resources. The Title IV-E Waiver offers opportunities to implement evidence-based practices in pilot areas that will assist the division in planning for statewide expansion; such as, SafeCare Augmented home visiting and the use of the CANS assessment for all children in case.

Needs and Services of Child, Parents and Foster Parents

Item 17			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	124	57%	43%
4/1/11-3/31/12	100	41%	59%
4/1/12-3/31/13	100	33%	67%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	50	28%	72%

Children's Needs:

Although the most recent sample period had fewer cases, 58% of the cases received ANI ratings and 42% received Strength ratings and met the child's needs. Missing credit reports accounted for 10% of the ANI ratings, which is a slight improvement over the previous sample period. Eight cases (26%) included documentation that was lacking, which is a 10% improvement from the previous sample period. Just under half of the ANI cases were In-home services cases, so there was no trend within this case type that contributed to the ANI ratings. Comparing in-home services cases (44% of the ANI ratings) and foster care cases (56% of the ANI ratings), it appears to correlate with the increasing rate of placement without any corresponding increase in CFSD resources.

Cases representing age stratification in foster care cases were:

Ages 0-5: 27% (8 total)

Ages 6-12: 33% (10 total)

Ages 13-15: 20% (6 total)

Ages 16+: 20% (6 total)

Older teens (age 16+) accounted for 20%, and of those cases, no children had their needs adequately assessed and addressed (outside of mental health, physical health, and education). The younger teen group (ages 13-15) showed more strength ratings than the older teens at 40% of the 6 cases showing the children's needs were assessed and addressed; however, this is a 30% drop from the previous sample period. The grade school children (ages 6-12) stayed roughly the same as the previous reporting period at 50% (5 of 10 cases) receiving Strength ratings. The youngest population of children in foster care, ages 0-5, showed a marked improvement from the previous reporting period at 75% receiving Strength ratings for initial and ongoing assessment and addressing needs outside of mental health, physical health and education.

Parent's Needs and Services:

Needs of parents were adequately assessed and identified needs were met in 23% of the 39 applicable cases. When comparing mothers to fathers, 52% of mothers' needs were assessed, as compared to just 27% of fathers. This sample period indicates a decrease in agency performance of 5% from the previous sample period. As the second phase of SAMS is implemented, assessing the needs of parents and identifying services will become a focus of training. At this point, the SAMS model has not

yet progressed to the point of implementation of this part. Therefore, the ongoing assessment and provision of services has presented challenges for the division.

Foster Parents' Needs and Services:

All 30 foster care cases reviewed were applicable to this rating during sample period under review of 4/1/13 to 9/30/13. A total of 77% of the cases received Strength ratings. This could be considered a sustained rating, since the last sample period a 79% Strength rating was achieved in regards to foster parents' needs assessments and services provided. The services that were provided to the foster parents were face-to-face visits, licensing, training, in-home support for behaviors exhibited by children, child care payments, respite care, transportation allowance, counseling, support with problems, and assistance in finalizing adoptions or guardianships. The remaining 23% of the cases received ANI ratings. In all these cases, the reviewer documented that a lack of documentation was an issue and the reviewer could not determine if the foster parents' needs were assessed or if services were provided to the family. Caseworker visits also dropped another 13% from last sample period to 22%.

Overall, an ongoing focus on documentation of efforts to assess and provide services to birth parents and foster parents will continue to occur through the implementation of the second phase of SAMS and the Title IV-E Waiver.

Child and Family Involvement in Case Planning

Item 18			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	112	57%	43%
4/1/11-3/31/12	93	42%	58%
4/1/12-3/31/13	98	44%	56%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	48	29%	71%

A significant drop occurred in Strength ratings for Child and Family Involvement in Case Planning. The Strength ratings fell from 44% of cases reviewed to 29%. Proportionate to the previous sample period, although half the size in number of cases, 73% of the cases rated ANI showed children (school age) were not involved in case planning, and similarly, 76% of fathers were not involved. Mothers were shown to be more involved this sample period, accounting for 41% of the ANI ratings, as compared to the previous sample period which was higher, at 52%. Again, FGDMs were not occurring in the majority of the 'area needing improvement' cases. Moving forward, the use of FGDMs will be a focus of the Child Welfare Manager positions and the CQI process being developed to replace the traditional case reviews.

Caseworker Visits with Child

Item 19			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	124	50%	50%
4/1/11-3/31/12	100	38%	62%
4/1/12-3/31/13	100	26%	74%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	50	28%	72%

During this sample period, Montana achieved monthly visits with children, and those visits were considered to be 'quality' in content, location, and focus at **28%**. Since Sample period 4/1/10 – 3/30/11, Montana has decreased each year in meeting quality and frequency of caseworker visits with children, by a total of 22%. In the 'area needing improvement' cases, 54% was due to CPS not meeting the required frequency of monthly visitation with the child; and of these ANI cases, nearly all of them lacked quality (e.g., length, location, content, met alone with child). Statewide, per ROM reports, CPS met with children in foster care at a rate of 22%, which correlates closely to what was seen in case reviews for the same time period.

Both in-home services and CPS served 20 of the 50 cases reviewed; in 70% of these particular cases, in-home services did not meet the requirement of quality visits with children. Insufficient documentation and lack of documenting seeing the child alone, are factors in the decline in performance by both agencies.

Caseworker Visits with Parents

Item 20			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	88	66%	34%
4/1/11-3/31/12	72	31%	69%
4/1/12-3/31/13	82	33%	67%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	38	16%	84%

During the most recent period under review, only **16%** of caseworker visits with the parents were sufficient to achieve the goals of the case (in frequency and quality). This was achieved by CFSD and IHS visits with the parents to assess progress and address the issues of the case. The cases identified as ANI ratings were related to both the CFSD staff and the in-home services provider. The majority of the ANI ratings for CFSD were due to not meeting with the parents frequently enough, not following the visitation documented on the Present Danger Plans, or having no contact with parents documented in

the record. In-home services reasons for ANIs were due to limited details in case notes to monitor progress or what services were delivered to the parents, visits not including children in the home, and not meeting the frequency of visits as requested by CFSD.

As the Child Welfare Managers implement a real-time CQI process that includes monitoring caseworker visits with parents, children, and placements, it is anticipated that CFSD will see improvement in this rating. Furthermore, with the renewed focus on the use of FGDMs in the upcoming year, it is anticipated that caseworker visits with parents will increase as a result of these occurring more frequently too. However, the ongoing increase in reports and caseload makes it difficult for workers to find time to make all the required visits on an ongoing basis.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

50% Substantially Achieved

A decline in performance of 26% has occurred in regards to the percentage of cases that Substantially Achieved this outcome. Between April 2010 and March 2011, 73% of cases Substantially Achieved this outcome. Between April 2011 and March 2012, 53% of cases Substantially Achieved this outcome. Between April 2012 and March 2013, only 47% of cases reviewed received a Substantially Achieved outcome. This outcome increased slightly to 50% in the most recent period under review. Documentation of services provided in this area has suffered with the steep increase of children experiencing maltreatment, and entering foster care.

Educational Needs and Services to the Child

Item 21			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	124	54%	18%
4/1/11-3/31/12	100	36%	32%
4/1/12-3/31/13	100	34%	38%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	34	50%	50%

During the most recent period under review, **50%** of cases reviewed received a Strength rating. In these cases, CFSD provided educational assessment, documentation of supportive services, on-going case records of educational progress and interaction with providers and educational services. Of the cases receiving ANI ratings, 71% of the children's educational needs were not assessed and educational services were not provided. This indicates difficulty in assessing the majority of the children's educational needs initially and on an ongoing basis. Additionally, contributing to in the ANI ratings in cases: 65% of the applicable children were missing educational records in their file (electronic or hard copy); 58% of the case plans did not have educational needs documented; and 35% of the children were not enrolled in school and should have been enrolled. There may be opportunities through CQI to partner with stakeholders in the school system to ensure documentation and sharing of

educational information improves the outcomes for children's educational needs. It's not clear whether children's educational needs are not being met or whether the documentation is not being shared between professionals for children in foster care.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Sample Period 4/1/13 – 9/30/13

Baseline: 50 Cases Total

31% Substantially Achieved

Over the past two years, cases receiving Substantially Achieved outcomes in regards to children's physical and mental health needs have dropped by 22%. Between April 2010 and March 2011, 53% of cases reviewed received a Substantially Achieved outcome. Between April 2011 and March 2012, 39% of cases reviewed received a Substantially Achieved outcome. Between April 2012 and March 2013, only 32% of cases reviewed received a Substantially Achieved outcome. It is anticipated that the CANS assessment that will be utilized statewide in 2015 will significantly assist the division in making improvements to this outcome. As part of the division's CQI process that is under development, agency and community partners can come together and work toward solutions to ensuring children's physical health and mental/behavioral health needs are sufficiently assessed and addressed. Additionally, through the Title IV-E Waiver innovations, interagency partnerships, and Child Welfare Managers' oversight in all five regions, CFSD anticipates improved outcomes for children with regard to their physical and mental health.

Physical Health of the Child

Item 22			
Year	Total # Applicable Cases	% Strength	% ANI
4/1/10-3/31/11	105	58%	42%
4/1/11-3/31/12	80	43%	57%
4/1/12-3/31/13	87	32%	68%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	43	40%	60%

During the most recent period under review, **40%** of the cases reviewed received a Strength rating for meeting the physical and dental needs of the child. This is an 8% improvement from the previous sample year. The cases receiving ANI ratings noted the following: 50% of the cases had no assessment of the child's health needs; 37% of the cases had no record that the child's dental needs were assessed; 47% of the children were not provided services to address their identified health needs; and 39% of the children were not provided dental services to address identified needs.

Mental/Behavioral Health of the Child

Item 23			
Year	Total # Applicable	% Strength	% ANI

	Cases		
4/1/10-3/31/11	87	67%	33%
4/1/11/3/31/12	70	54%	46%
4/1/12-3/31/13	74	49%	51%

Sample Period	Total # Applicable Cases	% Strength	% ANI
4/1/13-9/30/13	35	46%	54%

During the most recent period under review, **46%** of cases received a Strength rating in this outcome. In these cases, CFSD had the child assessed and provided the appropriate mental health services through evaluations, counseling/therapy, treatment team and permanency staffing recommendations and information from professionals working with the child. The remaining 54% of the cases rated ANI received the rating due to a lack of documentation regarding any services provided. In many of the cases, the required case plan states that mental health services will be scheduled, but there is no documentation that this occurred. In several of these cases, based on the issues that brought the family to the agency's attention, there were clear indications that the child/ren needed mental health assessments, but the agency did not document any follow through with a provider or the family to assure these children received the indicated services.

B. Systemic Factors

1. Information System

Montana's SACWIS (CAPS) readily identifies the status, demographic information, location and placement goals for every child in foster care placement. While CAPS contains all of the data required, getting data into and out of the system can be challenging. CAPS is an antiquated COBOL based system with many screens and a multitude of fields per screen. Information entered on one screen may not automatically auto-populate to other areas of the system. The system is not intuitive and it's very time consuming to navigate the system and input data. CAPS requires significant funding and programmer time to make even the smallest changes. The system does not support CFSD's goal to utilize mobile technology for our field offices. CFSD and all stakeholders recognize the need for a new system to replace CAPS. In future reports, CFSD will provide the status, demographic characteristics, location, and goals for the placement of every child who has been in care for the prior 12 months; however, this will take a significant amount of time and resources and could not be done for this initial year as the Division's data and research analyst position is vacant, and the replacement for this position cannot start until July 2014.

The 2013 legislature provided funding to CFSD to obtain cost estimates on replacing CAPS (Montana's SACWIS) and produce a "camera ready" RFP to be considered for funding during the 2015 legislature. CFSD recently released an RFI (Request For Information) and has received responses back from ten different companies on new systems and technologies that are available to replace CAPS. This information will be utilized in preparing the RFP to be presented to the 2015 Legislature. If funding to replace CAPS is approved, the RFP process to select a vendor will begin in July 2015 and selection of vendor will take up to six months. Information in the RFI responses estimate full implementation/conversion to a new system range will take 3-5 years after a vendor is selected. The

estimated cost is between \$25 million and \$35 million. Updates on decision made during the 2015 session will be provided in future APSRs.

In regards to the AFCARS Improvement Plan, Montana received AIP feedback from ACF in December 2013 on information CFSD submitted in November 2010. Since that time, CFSD has submitted additional information and received subsequent feedback. Montana's next AIP response is due in July 2014. Montana continues to make strides to address the issues documented in the AIP. A large number of the remaining AIP changes will take an extended period of time to implement as they are complex changes to the CAPS system's programming. Given the age, inflexibility, associated costs, and basic design of CAPS, some of the directed changes must be left until the creation of a new SACWIS. CFSD will continue to work towards making the changes directed under the AIP and make general improvements to the system. However, given the limited resources and competing priorities, it is uncertain how quickly all of the AIP changes can be accomplished.

Beyond the changes identified in the AIP, CFSD continues to make ongoing changes to CAPS that improve its data quality and efficiency in serving children and families. One of the changes developed in the past year is an AFCARS Exception Report. When this report is finalized, it will show all AFCARS reporting errors on all cases. Also, when the report is fully functional, it will provide information on what is generating the error and instructions on the screen/field that needs to be updated or changed to remedy the error. This will improve CFSD's data quality in AFCARS reporting. It will also provide an opportunity for cleaning data in preparation for the transition to a new SACWIS.

CFSD has also developed a web based system to automate SAMS (called "MSAMS"). This new system automates all of the Phase I SAMS forms previously required to be filled out in hardcopy by field staff. The system has an interface with CAPS, so data entered in MSAMS is transferred to the correct screen and field in CAPS automatically. This means that field staff entering information in MSAMS only has to work with a single system. MSAMS requires staff to adhere to the practice model (similar to Turbo Tax in that it walks you through the process and reminds you if steps are missed). MSAMS has been trained statewide and staff members in all areas of the State are utilizing the new system. This new system is supported by tablets and mobile hotspots, so staff can enter information while they are in the field conducting investigations and do not have to take notes and then re-enter the information later. One complication of the system is the interface with CAPS. While this does save a great deal of time for staff, it has made making changing to CAPS more difficult. Changes in CAPS have the ability to effect both systems and now also necessitate changes to MSAMS.

2. Case Review System

CFSD has utilized a case review system based on the CFSR and has used the federal review tool and measures from Rounds 1 and 2 since 2005. SFY 14 will be the last year CFSD utilizes the federal review tool from Rounds 1 and 2 to conduct case reviews. The baseline information provided previously in this report comes from information collected through the current CFSR based case review system. The CFSR process and review tool is viewed as a QA not CQI process. The most recent available data is never current and does not enable management to utilize data to drive decision-making. It also makes it impossible to immediately determine the impacts of any policy and practice changes on case outcomes. Utilizing the federal tool/process does not allow CFSD create rapid cycle feedback loops or base its decision making on factors outlined in the CQI process. Furthermore, Montana's efforts to automate the federal review tool never came to fruition. At the time the automation project was suspended, it was not completed and was approximately 4 years beyond the estimated

completion date. CFSD lacks sufficient resources to support a federal QA case review process given that the recently released guidance would require more cases to be reviewed and additional stakeholder interviews to be conducted. Therefore, the current case review system will be replaced.

CFSD will be developing a new case review system that will continue to measure how effectively safety, permanency and wellbeing outcomes are being achieved for children and families. The new process will be more aligned to the fidelity review process utilized by ACTION for Child Protection in measuring fidelity in implementing the SAMS model. Information from family and others directly involved in the case will be collected through a combination of interviews conducted by field staff and surveys. The Division understands that by proceeding in this manner, it will be required to have an on-site CFSR in 2017. More information on case reviews will be provided in subsequent APSR.

At this time, CFSD does not conduct case reviews on Tribal IV-E cases nor is there a plan for doing such reviews. Case reviews of Tribal Court cases exceeds the scope of our the Tribal-State Title IV-E contract requirements for Tribes; therefore, CFSD lacks the authority to compel Tribes to make cases available or participate in reviews. As part of the Divisions developing CQI policy, CFSD is looking at other States, in particular Alaska, to determine how these states have incorporated Tribes into their CQI process.

Data from case reviews is made available to the public, key stakeholders, Tribes and courts. As the case reviews will be integrated into the CQI process moving forward, feedback will be sought from these partners in the planning and implementation of new strategies for improving outcomes for children and families. In addition, these stakeholders will be made aware of the effectiveness of the changes implemented. Information and feedback will have to be shared and sought in a variety of ways including directly with standing councils and committees (e.g. State Advisory Council and Title IV-E Waiver Steering Committee) and through the use of websites, surveys, and other means.

Note: The following information in the Case Review System section was added to the CFSP in August 2014 after consultation with Eric Busch, ACF - Region 8.

State district courts and Tribal courts approve or order treatment plans/case plans for each individual child. A periodic review (at least once every 6 months) of cases under the jurisdiction of State district courts is conducted by a Foster Care Review Committee (FCRC). FCRC members are appointed by the judge in consultation with CFSD. A periodic review of cases under the jurisdiction of tribal courts is conducted by the individual Tribal Courts. These hearings are often referred to as “status hearings”. Permanency hearings are conducted by State District Courts within 30 days of a determination by the District Court that no reasonable efforts to provide reunification services are necessary in a particular case. Cases requiring reasonable efforts to prevent removal and provide for reunification have a permanency hearing within 12 months of the date the child was adjudicated by the court as a “youth in need of care” or within 12 months after the child’s first 60 days of removal from the home, whichever comes first. Courts shall approve a specific permanency plan for each child and issue findings whether the permanency plan is in the best interest of the child, whether CFSD has made reasonable efforts to effectuate the permanency plan and other steps CFSD must take to effectuate the terms of the permanency plan. Montana statute provides for a process for the termination of parental rights that is in keeping with the requirements of the Social Security Act. Foster parents, including pre-adoptive and kinship placement, are given notice of their right to be heard in permanency hearings and during periodic reviews. These requirements can be found in both State statute and CFSD policy.

CFSD's Title IV-E Eligibility Unit ensures the requirements of the case review system are met prior to accessing Title IV-E funding for foster care payments or allowable support services for both State and Tribal cases. Problems impacting Title IV-E funding are often identified by the IV-E Unit and successfully resolved at the local level. Problems most often occur when there is a change in attorneys representing CFSD or the Tribes or a change in a Judge results in orders issued from the courts are missing required language for accessing Title IV-E funding. Typically when the new judges, attorneys or court staff understand that accessing the federal funding is directly linked to the proper language in the court orders they are agreeable to making the necessary changes. AFCARS reporting is done as required on the Foster Care Elements related to the Case Review System. In the past, there have been some problems identified in accurately reporting the date of the most recent periodic review (AFCARS Foster Element #5). It was found that AFCAR errors in this element are generally data entry errors and they are now identified and corrected prior to the submission of the data file. CFSD staff members, both local and central office, routinely have contact with Tribal social services, Tribal Courts, State District Courts and District/Tribal court staff to ensure Case Review System requirements are met.

3. Quality Assurance System

On January 14, 2014 CFSD received a letter from Marilyn Kennerson, Region 8 Child Welfare Program Manager. The letter provided CFSD feedback across the five components identified in CQI IM-12-07. That letter contained questions and opportunities for enhancement in the five areas of focus listed in the IM-12-07. The letter is attached to the CFSP. Below is a summary of those questions and opportunities (in italics) and CFSD's responses to them (bulleted).

Foundational Administrative Structure

CB: It is unclear from the state's description of administrative structure the extent of the focus on continuous quality improvement, in terms of goals, outcomes and a dedicated process.

Does the state have written CQI standards and requirements, an approved CQI training process and designated CQI staff?

CB welcomes an opportunity to discuss capacity and resource issues relevant to CQI sustainability.

- Montana is focusing on the development of a formalized CQI process. A policy is being developed that utilizes information from all areas of CFSD and has a structured process to "Plan, Do, Check and Act". The draft policy is close to completion, and the CQI process will be reviewed by the Child Welfare Managers and Management team in July 2014 and is anticipated to be in place by early Fall 2014.
- Recently it was decided that continued utilization of the federal case review tool and "CFSR-like" review process could not be sustained. The tool and this process is too cumbersome and time consuming to allow for data to be collected and disseminated in a timely manner. Also, CFSD's safety, permanency and wellbeing outcomes have not improved as a result of utilizing a CFSR QA based system. In addition, the case review process being used by CFSD did not include stakeholder interviews. Stakeholder interviews becoming a requirement only added to an already unmanageable process.

- Montana is developing a case review system that utilizes a fidelity review process (similar to that used by ACTION for Child Protection when measuring progress in implementing SAMS). This process will continue to focus on the CB's safety, permanency and wellbeing outcomes and will incorporate Child Welfare Managers, Supervisors, and Stakeholders. Fidelity reviews are expected to start in Fall 2014.
- CFSD does not have an approved CQI training process at this time. The Child Welfare Managers and Program Bureau staff will be building this training moving forward once the final process is approved.
- CFSD has 2 full time staff in the Program Bureau devoted to CQI and 5 regional field staff, Child Welfare Managers (CWM), who have primary responsibility for conducting fidelity reviews and stakeholder interviews. Program Bureau staff will also be responsible for collecting and disseminating information in a timely manner. Child Welfare Managers are not devoted full time to the fidelity review process; however, they are responsible for ensuring safety, permanency and wellbeing outcomes are monitored and achieved in all foster care cases. Child Welfare Managers also have duties associated with Title IV-E Waiver implementation and will also supervise FGDM facilitators and Permanency Planning Specialists in an effort to guide case practices designed to improve safety, permanency, and well-being outcomes. They will also oversee the field's implementation of Safety, Permanency, and Well-Being Roundtables.
- No additional resources will be made available to implement/sustain CQI/QA. Given the Montana Legislature's refusal to expand State government, it is not feasible to expect approval of additional staff for CQI/QA when resources have not been allocated to the field to meet the demands of increased children in foster care and report numbers. In addition, CFSD is projecting a \$1 million shortfall in State general fund for SFY 14, and the projections are for an even larger shortfall in SFY 15. Therefore, there are no resources available to contract with an outside entity for these services. CFSD must design and implement a process within existing resources; therefore, the current process has been discarded as it would not meet requirements without additional resources.

Quality Data Collection

CB: Montana is encouraged to continue its efforts towards completing all AFCARS PIP goals. In addition, the state is encouraged to consider how AFCARS PIP accomplishments can be integrated into strengthening the over CQI quality data collection component.

Montana is encouraged to continue its efforts toward addressing all data quality concerns referenced in the CFSR data profile.

As indicated in the state's 2013 APSR, difficulty with timely CAPS case review and AFCARS/NCANDS data analysis limit the usefulness of these data sources for identifying immediate impacts and trends on children and families, as the data analysis is often almost a year old. Is there a plan for making available more immediate data analysis with the anticipated upgrading of CAPS in 2015-16?

What audit or rater reliability mechanisms are in place to verify that data protocols are being followed?

Has the state considered ways in which it could more fully integrate data from various sources (case reviews, fidelity reviews, family functioning assessments, etc.) under the rubric of CQI?

CB would like to discuss any plans to strengthen quality data collection of the qualitative and quantitative data to demonstrate the state's performance on systemic factors such as training, staff and resource parents, functioning of the case review system and service array.

CB looks forward to discussions about emerging patterns of data quality associated with Court Improvement Program data requirements and related reports.

- Montana is continuing efforts to complete AIP PIP goals and address data quality concerns. However, many of the remaining goals would require significant programming changes to CAPS, and CFSD does not have the financial resources to make these changes. CFSD will explore ways to remedy AIP issues in CAPS and continues to make what changes it can in CAPS to improve data quality, adhere to AFCARS/NCANDS, and better support field practices/services. Given the limited resources for making changes to CAPS, CFSD cannot predict how quickly many of the AIP changes could be made given competing priorities.
- CFSD is in the process of developing an RFP to replace CAPS; however, funding for a new system will not be approved prior to the 2015 legislative session. If funding is approved, the work toward securing a new system can't begin any earlier than July 2015. It is likely that full implementation of a new system would occur 3-4 years from the project start date.
- Functionality for making immediate data analysis available will be a design requirement of the new SACWIS. In the meantime, CFSD continues to try to find ways to improve access to and report on the vast amount of the data that is in CAPS. Recently, the Data and Research Analyst hired by CFSD approximately 1 year ago resigned his position. CFSD has filled the position; however, the replacement cannot start until mid-July 2014. This position will continue to work on creating better reports and improving CFSD access to data in CAPS.
- Rater reliability/audit mechanisms are not yet fully developed. CFSD will engage CB in discussions regarding the draft CQI policies under development and the best ways to ensure rater reliability and approved audit mechanisms.
- Montana is looking at ways to integrate data from a variety of sources under CQI. There is a great deal of information available; however, the problem is collecting and reporting on it. In order to achieve maximum efficiency and effectively utilize available resources, the goal will be to develop as many reports as possible from existing reports (e.g. CAPS, AFCARS, and NCANDS). Data made available as part of the Title IV-E Waiver and fidelity/case reviews will also be integrated into CQI.
- As part of the new CQI policy, CFSD is looking at ways to demonstrate our performance on systemic factors. CFSD will share this with CB once the policy is written and approved.
- As patterns in Court Improvement Data is available, Montana will be happy to including CB in the discussion. CFSD has discussed using the Fostering Court Improvement.Org services with the MCIP program; however, a decision on whether to use this resource has not been made at this time as the MCIP program coordinator is new.

Case Record Review Data & Process

CB: Does the review include stratified tribal IV-E cases and are tribal representatives included as reviewers?

Will the state expand interview components to include caregivers and GALs? CB welcomes discussion on the full range of case specific interviews to support case reviews.

Does the State plan to increase the number of case reviews in the future?

How does the decrease in cases selected for the case review impact the state's ability to draw a representative sample (e.g. IVE/IVB population) and adequate numbers of cases from areas such as the largest metropolitan area, varying geographical areas and demographic and other characteristics of children (e.g. age/permanency goals) and families served (e.g. in-home for example)?

Is there sufficient training and are qualifications required to be a reviewer?

CB would like to discuss whether there are any needs/opportunities to strengthen case review policies, written manuals, procedures/protocols and instructions. Such initiatives can strengthen/impact inter-rater reliability and provide opportunities to revisit procedures in place to address important conflict of interest issues, etc. that routinely emerge during case reviews and training efforts.

- At this time, CFSD does not review Tribal cases as part of the review process nor are Tribal staff included as reviewers. Case reviews are a Title IV-B requirement, and as such, they go beyond the scope of the Title IV-E contracts that are currently in place between the State and the Tribes. As a result, CFSD cannot require or compel the Tribes to participate in case reviews or make cases available. As part of our CQI policy, CFSD is looking at how other States, in particular Alaska, involves Tribes in their CQI process.
- Interviews will be expanded to include caregivers and GAL/CASA.
- Given Montana's relatively small population, the decrease in the number of reviewed cases did not appear to impact our ability to draw a representative sample. However, the initial goal of the new fidelity review CQI case review system will be to review 65 cases annually. More importantly, the State will focus on collecting sufficient data to make reliable decisions in closer to real-time. Achieving better outcomes for children and families will be the basis by which success is measured. If resources do not allow for 65 reviews to take place but outcomes improve while reviewing slightly fewer cases, Montana will find that to be acceptable. As Montana does not intend to seek certification of its state review process, but instead intends to have CB conduct an on-site Round 3 CFSR, use of the federal tool and strict adherence to the review of 65 cases is not a guiding requirement in the development of the new CQI process/policies.
- The Program Bureau staff members involved in the current case review processes have been conducting case reviews for many years, so there is sufficient in-house knowledge and expertise at this time. Furthermore, the Child Welfare Managers all have extensive practice and supervision backgrounds with CFSD. CFSD recognizes that moving forward, training and qualifications will need to be developed to ensure sustainability. These issues are being addressed at this time and will be incorporated into policy and procedures moving forward

Analysis and Dissemination of Quality Data

CB: Does the State translate results and trends for use by courts, tribes and a broad range of interested parties?

Does the state disseminate results through understandable reports, a website etc?

How are the results used to guide collaborative efforts, make adjustments in the CFSP and other federally funded child welfare related programs such as the Court Improvement Program?

- CFSD has not consistently translated results and trends for a wide variety of stakeholders. However, CFSD does provide data to Tribes and Courts upon request. The Title IV-E Waiver application has been the most extensive translation of data that made readily available for a large number of stakeholders recently. Moving forward, CFSD will make data from the fidelity reviews and the Waiver available. Furthermore, the CFSD Research and Data Analyst can work with MCIP to make data more available to Courts in an effort to gain better assistance in meeting safety, permanency, and well-being outcomes over which the District Courts have oversight.
- This is another area where CFSD is just starting to expand (e.g. CFSD has have put some of the Title IV-E Waiver data on the Division website). The goal moving forward is to make more data available on the website and work with stakeholders to disseminate data in ways that will be useful for them.
- This is an area that needs to be improved upon as historically CFSD has not often used data to guide collaborative efforts or guide CFSP/APSR discussions. Through the Title IV-E Waiver process, CFSD has improved; however, it has not yet worked its way into all areas of the work done by the division. Child Welfare Managers will assist in further dissemination and use of data through understandable reports.

Feedback to Stakeholders and Decision-Makers and Adjustments of Programs and Process

CB: CB looks forward to discussions about how the state's plans for CQI feedback and adjustment are unfolding. Of particular interest are areas such as the development and implementation of targeted program improvement plans and issues of accountability for ongoing monitoring and program improvement.

- CFSD also looks forward to these discussions. Through the review of data and development of the Title IV-E Waiver, Montana has identified it's current targeted populations for improvement. Furthermore, goals as set forth in this CFSR identify areas where CFSD will work to be more accountable in improving.

4. Staff Training

Please see Training Plan (Section X) for more specific details. This information is not repeated in this section.

Strengths:

- The redesign and new training schedule for MCAN (new employee training) are providing newly hired staff with better information and support needed to begin their careers with CFSD. These

changes were made, in part, based on feedback from staff in the Division's Recruitment and Retention Survey done in partnership with U of M.

- Training being provided to Child Welfare Managers and Intensive Service Unit Title IV-E Waiver staff designed to support the implementation and eventual expansion of services provided under the Title IV-E waiver. The services provided under the Title IV-E Waiver were chosen as a result of looking at CFSD data. Stakeholders, including Tribes, and the SAC were made aware of the Title IV-E Waiver services and were asked to provide input on the services and ideas for training.
- Cultural Competency training in all five regions of the State is being provided by The National Native Children's Trauma Center located on the University of Montana campus. Training on issues related to cultural competency and developing a greater understanding of the historical and intergenerational trauma government policies have inflicted on Native families is something Montana Tribes have strongly recommended and encouraged.
- Regional Administrators and CPS Supervisors are developing regional and individual training plans for staff. Information is also relayed to staff at monthly Leadership meetings, quarterly policy training/webinars, Supervisors' Meetings, and Regional trainings.
- The Training and Staff Development Specialist is developing a training for new Supervisors within CFSD consistent with feedback from staff received in the Recruitment and Retention Survey.
- The CAN Conference is an annual event in which CFSD brings national experts to Montana. Topics presented are a result of consultation with a variety of stakeholders including but not limited to the Montana Coalition Against Domestic & Sexual Violence, MCIP staff, In-Home services providers, the Department of Justice Children's Justice Center, and CASA/GAL. Many of the topics of the training are also designed to support practice improvements occurring within CFSD (e.g. Title IV-E Waiver or SAMS implementation).

Concerns:

- The implementation of advanced/ongoing training to be provided by UM has been delayed. Ongoing/advanced has long been recognized an area needing improvement by CFSD and ongoing/advanced training was also raised as a significant issue in our Recruitment and Retention Survey. The second training is now scheduled to occur in July 2014; however, CFSD had hoped to have had monthly trainings beginning in January 2014.
- CFSD has also had difficulty in implementing a system that allows the division to efficiently and accurately track the training attended by CFSD staff. This information is needed to accurately develop Regional and individual training plans. Efforts continue to build a system to track staff training.
- Participation by State staff in the Montana Tribal Association's Bi-Annual Trainings has declined steadily over the past several years. This is an opportunity for Montana Tribes and CFSD to collaborate and plan training that meets the needs of CFSD staff and also provides an opportunity for Tribes to provide information on culturally appropriate services and insight for working with Native American families. Attendance has decline, to some degree, as a result of the record high number of reports, investigations and out of home placements. Staff do not have time to be away from the office. Another issue, based on staff feedback, is CFSD staff would like content that is more skill building/problem resolution oriented in nature (e.g. when a situation arises here are some tools you can use to work more effectively with Tribal Social Services and/or Native children and families). Since the Tribal Social Association has taken on the planning and organizing of the conference, CFSD has had little to no input on the topics or agenda. CFSD will suggest its ICWA Program Manager play a more active role in the planning of the training in order to try and find

topics areas that will result in more CFSD field office staff attending. Also, it may be suggested that the training be an annual event as opposed to a semi-annual training.

5. Service Array

See Service Description (Section IV) for more details.

Strengths:

- CFSD has been able to secure In-Home (a.k.a. Title IV-B services) and many other services in many communities across the State.
- CFSD is actively working to implement evidence based practices/models (e.g. SAMS, SafeCare Augmented, Trauma-Focused Cognitive Behavioral Therapy, and Parent-Child Interactional Therapy).
- CFSD has been able to build good working partnerships with many providers, so when issues arise the division is typically able to work through the problems quickly.
- CFSD is actively seeking out partnerships with other Departments and State agencies to find ways to share resources and provide services to children and families (e.g. work with the Children's Mental Health Bureau on CANS implementation and Maternal Infant Early Childhood Home Visiting program staff in implementing SafeCare Augmented).

Concerns:

- CFSD had difficulty finding and sustaining services in the State's smaller and more rural communities.
- CFSD continues to lack sufficient funding for post adoptive and post-guardianship services.
- CFSD does not have a way to timely track the exact services provided in CAPS to families and children due to limited payment codes, and the fact that CAPS is not able to track outcomes to determine whether services provided are successful. Therefore, CFSD is limited to having to do in person reviews of files to obtain information, and the data obtained is only in a small number of cases and not timely.
- CFSD lacks sufficient providers trained in evidence-based practices statewide.

6. Agency Responsiveness to the Community

See Collaboration (D1) and Service Coordination (D4) for more detail

Strengths:

- The 2013 Legislature provided funding for a Child and Family Ombudsman to be housed in the Department of Justice (Office of the Attorney General). The Ombudsman offers citizens concerned about CFSD services and investigations an opportunity to work with CFSD and make recommendations to allow the agency to increase its responsiveness to the communities. The Ombudsman will work closely with CFSD Regional Administrators to complete investigations and make recommendations to CFSD.
- CFSD is in the process of developing a Youth Advisory Board/Council. The goal is to have 5-7 former foster care youth meet quarterly and provide input on annual Teen Summit agenda and topics, provide insight and input to CFSD on ways to improve the child protection system for the youth's perspective, and assist in the development of a Montana Foster Care Bill of Rights. Applications for youth interested in participating on this panel will sent to eligible youth in June 2014 with the initial meeting expected to take place in in late Summer 2014.

Concerns:

- Many of CFSD collaborations with community members are based on personal relationships with local staff. Given routine staff turnover and the potential for many experienced staff to retire in the next 5 to 10 years, in both public and private sectors, the lack of institutional processes for exchanging information could lead to communication gaps, so a more formal structure for maintaining community and agency relations and exchanging information to allow the agency to respond to community needs will be developed as part of the CQI process.

7. Foster and Adoptive Parenting Licensing, Recruitment and Retention

See Foster and Adoptive Parent Diligent Recruitment Plan (D10) for more details

Strengths:

- As demonstrated by the increasing number of kinship placements, Montana is doing a better job of locating and recruiting kin than it had several years ago.
- The number of licensed homes has increased indicating the more families are currently licensed than in the past:
 - In March 2012, 907 families were licensed to provide care: 650 traditional foster families (including therapeutic foster families), 43 specialized foster families, and 214 kinship foster families. It is uncertain if the data for SFY 2012 included Tribally licensed foster families.
 - In April 2013, the number of licensed families was 1018. This number does include 181 Tribally licensed foster families, 531 State licensed (traditional) foster families, 26 specialized foster families, 95 therapeutic foster families and 185 kinship foster families.
 - In April 2014, the number of licensed families increased to 1280. This number does include 112 Tribally licensed foster families, 614 State licensed (traditional) foster families, 44 specialized foster families, 122 therapeutic foster families, and 388 kinship foster families (304 State and 84 Tribal). 124 of these families have been identified as Native American (31 Tribal homes and 93 State licensed).
 - The current SFY (2014) total did not include non-licensed relative/kin families with whom the Department has used as a placement resource. These particular families have chosen not to apply for licensure and have utilized other resources for financial assistance.

Concerns:

- CFSD lacks sufficient resources to meet the State's increasing foster parent licensing and recruitment needs. The increase in kinship placements, while good for children, has resulted in an unintended increase in licensing workload. Kinship families are most often only interested in providing care for their family members. The same resources go into licensing a kinship family as they do for a non-kinship provider; however, the kinship family doesn't provide services to multiple placements like traditional foster parents. As documented in other sections of the CFSP, CFSD is hoping to get additional resources for licensing or additional funds to enter into contracts with private child placing agencies to provide home studies and pre-service training for new foster/kinship/adoptive parents. CFSD will not know the outcome of these efforts until May/June 2015. An update will be provided in APSR.
- The number of newly licensed and recruited homes has decreased:
 - Data was collected for SFY 2013 and 2014 on newly (initially) licensed families as a snapshot to determine retention of these families. 402 families were newly licensed in SFY 2013. 90 of the 402 homes have identified themselves as having a Tribal affiliation. These newly licensed homes included 116 State licensed youth foster homes (6 Native American), 174 kinship care (22 Native American), 26 therapeutic foster care, 44 Tribally licensed

- homes (29 Native American), and 42 Tribal kinship homes (33 Native American). The data also indicated that as of April 2014, 139 homes licensed during this period had terminated or chosen not to renew their license. 101 of those homes were kin providers. It was also noted that 26 of 139 homes that did not continue had finalized an adoption (10) or guardianship (16) of the child(ren) in their care.
- Data reported for newly licensed families in SFY 2014 indicated a decrease in numbers. 327 families were newly licensed to include 105 state youth foster homes (2 Native American), 158 state licensed kinship families (54 Native American), 25 therapeutic (2 Native American), 2 specialized homes, 18 Tribal foster homes, and 19 Tribal kinship homes (7 Native American). The homes licensed in this period have not yet reached the end of their current licensing status; however, 2 terminated licenses (kinship) were reported in this timeframe.

III. PLAN FOR IMPROVEMENT

A. GOALS, OBJECTIVES, AND MEASURES OF PROGRESS

1. Safely reduce the rate of children in out of home placement to align with or fall below the national rate.

a. Objectives:

- i. Safely maintain children in their homes;
- ii. Provide voluntary support services to at risk families prior to removal;
- iii. Safely achieve permanency for children in a more timely manner (i.e. reunification, adoption or guardianship);
- iv. Creation and dissemination of management reports on different levels (e.g. county, regional and state) to track progress and aid in decision making as part of the CQI process.

- b. Measure: The rate of children entering foster care in Montana will match or fall below the national average in SFY 2018. The source of this data will be taken from CAPS (Montana's SACWIS) and the most current population data available.

c. Interventions:

- i. Continued implementation of the SAMS practice model (i.e. Safety Assessment and Management System) for all child abuse/neglect investigations conducted by CFSD.

1. Benchmarks and Timeframes:

- a. Phase 2, part 1, Conditions for Return, of SAMS fully implemented by CPS staff demonstrating fidelity to the model by January 1, 2015.
- b. A fidelity review of cases is scheduled for Fall 2015 or Winter 2016.

- c. Training for CPS staff on “Conditions for Return” is scheduled for summer and early Fall 2014.
 - d. Based on the results of that review and how well staff respond to the training and subsequent coaching decision will begin to be made on how quickly implementation of Phase 2, part 2, the Protective Capacity Family Assessment can begin.
 - e. The goal is to have SAMS fully implemented with fidelity prior to the end of this CFSP 5 year cycle.
- ii. Implementation of evidence based home visiting model (i.e. SafeCare Augmented) providing voluntary services, prior to removal, for at-risk families with children ages 0-5 years.
 - 1. Benchmarks and Timeframes:
 - a. Through a collaboration between CFSD and Montana’s MIECHV program, contracts for service providers in 6 locations (Helena, Billings, Butte/Anaconda, Great Falls, Missoula and Kalispell) to be executed by July 1, 2014.
 - b. Training for providers on the model will be conducted in July and August 2014. The referral of families to the local SafeCare Augmented providers is set to begin immediately following completion of the training.
 - c. Coaching and mentoring of these staff by SafeCare Augmented staff from Georgia will continue until July 1, 2015.
 - d. Training to create internal coaches and to Train the Trainers will be conducted to develop sustainability. These trainings will take place in Winter 2014 and Spring 2015.
 - e. The goal over the next 5 years will be to build sufficient referrals so sustainability of the local programs can be achieved to serve families voluntarily.
- iii. Creation of a new CFSD staff type, Child Welfare Managers (CWM), to monitor field practices and ensure safety, wellbeing and permanency outcomes are being monitored in all cases. CWMs will be regionally based. CWMs will staff cases to with safety, permanency, and well-being outcomes as guidelines and assist in problem solving on cases in which outcomes are not being achieved. These staff will directly oversee FGDM coordinators, implementation of Safety, Permanency, and Well-Being Roundtables, and supervise Intensive Services Units (ISU) in each region (more fully described below).
 - 1. Benchmarks and Timeframes:
 - a. CWM positions hired in June 2014.

- b. Specialized training for these staff on Cultural Competency and Family Engagement to be completed by October 2015.
 - c. Initial implementation of Safety, Permanency, and Well-Being Roundtables to begin January 2015.
 - iv. Creation of Intensive Service Units (ISUs). ISU staff will be managing cases associated with Innovations within the Title IV-E Waiver. Innovations will encourage achieving permanency for children more timely; thereby reducing the rate of children in foster care.
 - 1. Benchmarks and Timeframes:
 - a. ISU staff hired for initial Title IV-E Waiver sites in July 2014.
 - b. Specialized training for these staff is the same as the CWM and will occur within the same timeframe.
 - c. ISU staff begin taking cases in January 2015 in conjunction with implementation of the Title IV-E Waiver.
 - v. Fidelity reviews conducted as part of CQI will be reviewing cases for safety, permanency and wellbeing outcomes associated with the CFSR.
 - 1. Benchmarks and Timeframes:
 - a. CQI policy written and implemented July-August 2014.
 - b. CQI fidelity review tool developed July 2014-August 2014.
 - c. Fidelity reviews to begin October 2014
 - d. Data from reviews made available November-December 2014.
 - e. Fidelity reviews repeated quarterly. Reviews may occur more frequently in the event information on a specific outcome is requested.
 - vi. Management reports will be developed from CAPS and fidelity review tools to provide quantitative data on progress being made toward the statewide goal. Similar reports will be developed at regional and county level. All reports will be made available to all staff and stakeholders and will be utilized to assist in decision making at each level.
 - 1. Benchmarks and Timeframes:
 - a. Review of current management reports to see if they meet the needs of this goal to be completed by July 2014.
 - b. Any revisions or creations of new reports to be completed by September 2014.

- c. Management reports available by October 2014.

2. Decrease the number of children who have been in out of home care for 24 months or longer.

a. Objectives:

- i. Safely achieve permanency, for children in out of home care, in less than 24 months (i.e. reunification, adoption or guardianship); and
- ii. Create and disseminate management reports on different levels (e.g. county, regional and state) to track progress and aid in decision making as part of the CQI process.

- b. Measure: 20% of children in out of home placement on June 1, 2018 will have been in care for longer than 24 months. The source for this data will be CAPS (Montana's SACWIS). Currently 31% of Montana children in out of home care placement have been in care 24 months or longer.

- c. Interventions: Interventions iii, iv, v and vi as described above in Goal #1 also impact Goal #2.

3. Improve well-being outcomes for children by implementing universal CANS assessments and improving child functioning - as measured every 6 months throughout the life of the case.

a. Objectives:

- i. Utilization of the CANS assessment in all out of home cases;
- ii. Train a sufficient number of community providers and internal staff on how to utilize the assessment with fidelity;
- iii. Information gathered from the assessment will assist in decision making on individual case; and
- iv. Creation and dissemination of management reports on different levels (e.g. county, regional, and state) to track progress and aid in decision making as part of the CQI process.

- b. Measure: 100% of all CFSD foster care and Title IV-E Waiver cases will utilize the CANS assessment every 6 months throughout the life of the case by June 2018. The sources for this data will be a CANS database shared by multiple agencies within DPHHS in which all CANS assessments will be entered, tracked and stored.

- c. Interventions: Interventions iii and v as described above in Goal #1 also impact Goal #3.

- i. Train local providers on utilizing the CANS assessment has been occurring for approximately 1 year. Training is scheduled to continue through September 2014. CFSD will actively engage service providers, particularly in the more rural areas of the State, to get trained on administering the assessment.

1. Benchmarks and Timeframes:

- a. Review list of trained providers and where they are located to determine potential gaps in service provision by July 2014.
 - b. Target and recruit providers in areas when additional providers are needed to administer the assessment to be completed by August 2014.
 - c. Sufficient providers trained and able to administer the assessment by January 2015.
- ii. Continued discussions within DPHHS on how reports can/will be generated from the information in the shared CANS database.

1. Benchmarks and Timeframes:

- a. Review of current reporting capabilities of shared database by September 2014.
- b. Any revisions or creations of new reports to be completed by January 2015.
- c. Management reports available by February-March 2015.

4. Increase the percentage of monthly worker-child visits that take place to meet or exceed the national standard (95%).

a. Objectives:

- i. Worker visits occur monthly with each child in out of home placement and a majority of those visits will take place in the child's residence.
- ii. Creation and dissemination of monthly management reports on different levels (e.g. county, regional, and state) to track progress and aid in decision making as part of the CQI process.

- b. Measure: The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care. At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence. CFSD will achieve the 95% standard with 50% of the visits taking place in the child's residence by the end of FFY 2019.

- c. Interventions: Interventions iii, iv, v and vi as described above in Goal #1 also impact Goal #4.

B. Staff Training, Technical Assistance and Evaluation

The goals listed above align with Montana's Title IV-E Waiver or are associated with national standards. As a result, the goals listed above, with the exception of CANS implementation, can be supported, achieved and sustained by CFSD's routine training and the Family Development Specialist and cultural competency training associated with Title IV-E Waiver implementation. CANS implementation does require specialized training. Montana's Children's Mental Health Bureau has begun training people in communities across the State in how to conduct the assessment. Additional training is scheduled through September 2014. It is believed this training is sufficient to implement statewide utilization of the CANS in 2015. A plan for sustaining a sufficient number of internal and external staff who can administer the assessment with fidelity is being developed as part of the Title IV-E Waiver and will be reported on in future APSR. At this time, CFSD does not anticipate achievement of these goals will require additional TA or specialized research/evaluation.

C. Implementation Supports

The above goals align with the goals of the Title IV-E Waiver or are based on national standards. CFSD already has supports in place or is in the process of making changes to support successful implementation of these goals (i.e. staffing, training, coaching, financing, etc). Aside from the need for additional resources, that will be requested through the legislative process, it is not anticipated that additional supports will be necessary.

IV. SERVICES

A. Child and Family Services Continuum

Prevention services have historically been provided through the use of Title IV-B subpart 2 funds administered through contracts with private sector providers. A description of the "traditional" Title IV-B services is provided in the Service Description section below. With the introduction of the Title IV-E Waiver, CFSD will also be utilizing SafeCare Augmented prevention services with a segment of the foster care population. SafeCare Augmented is an evidence based home visiting program shown to be effective in reducing foster care entries when implemented with fidelity to the model.

Intervention services begin with calls into CFSD's Centralized Intake (CI). CI is a 24/7 hotline where all reports of child abuse and neglect are received. CI staff triage the calls and categorize and prioritize the responses based on the information received. CI then sends the reports to the field where they are investigated. Priority 1 (most significant safety risks) to Priority 4 (lowest safety risk) categories are assigned by CI. Once in the field, the priorities can be reassigned after being reviewed by field staff. The time in which the investigation must be initiated is dependent on the priority of the report. Montana is utilizing the SAMS model (Safety and Management System) for conducting investigations and assessing safety of the children in the home. SAMS is an evidence-informed safety assessment practice model. The SAMS Present Danger Assessment (PDA) and Family Functioning Assessment (FFA) are already in place and being used statewide. CFSD has initiated Phase 2, part 1, of SAMS Protective Capacity Family Assessment (PCFA) phase by starting with the implementation of Conditions for Return. CFSD hopes to complete implementation, with fidelity, of Conditions for Return by the 2015. Based on continued CPS training of Phase 2, and a fidelity review of the SAMS model in the later part of 2014 or early 2015, a decision will be made on when the implementation of the Protective Capacity Family Assessment (PCFA) can begin. The overall goal is for SAMS to be fully implemented, with fidelity, by the end of this CFSP in 2019. Successful implementation of SAMS will

also assist in more timely reunifications as “Conditions for Return” focus on the immediate safety issues that must be resolved in order for the child to return to the home. The parents can still be working on their treatment plan and agency involvement should continue after this return occurs. When the model is fully implemented, service plans/treatment plans will also be part of the model. Montana is working with ACTION for Child Protection to implement SAMS fully and with fidelity.

Based on the results of the investigation, a number of things can happen including: closing the report determining no abuse or neglect occurred; determining no abuse/neglect occurred but referring family for In-Home services; determining abuse/neglect occurred and children remain in the home; or determining abuse/neglect occurred and removing the children from the home. If children are removed from the home, the case will be filed in District Court, and the family will enter into a court ordered treatment plan. The plan will specify the changes that must be made by the adults in the home in order for the children to be returned in accordance with Montana statute. Services the child will receive while in foster care include medical care, mental health care, and dental care. The family can also receive family preservation, family support, or time-limited reunification services as described below. In the event removal from the home is required, CFSD is required to make diligent efforts to find willing and appropriate kinship placements for children. The utilization of kinship placements continues to grow. Other services the family may receive include Family Group Decision Making Meetings (FGDM), and if the youth is age 16 or older, Youth Centered Meetings may be offered. Beginning in January 2015, all foster care and Title IV-E Waiver cases will utilize the CANS assessment to determine what services are needed to improve child functioning and well-being.

Montana’s Title IV-E Waiver will focus on 3 innovations. In Innovation I, services for families with children under age 5 entering the system due to physical neglect will be provided. This innovation will focus on safely providing services to these children in their homes. SafeCare Augmented will be one of the services utilized in these involuntary cases. In Innovation II, services will be provided to kinship placements in which CFSD has temporary legal custody and there are court ordered treatment plans on which families are not making progress. The goal will be to re-engage the parents and get them to successfully complete their treatment plans to allow the children to safely return to the home in six months or less. If reunification cannot be safely and successfully achieved within the six months, then CFSD will move these cases to permanency quickly through the use of subsidized kinship guardianships. In Innovation III, intensive services will be provided to youth in congregate care to allow them to successfully transition into a lower level of care (i.e. therapeutic, kinship, or regular foster care). CFSD recognizes many of the youth in congregate care will not go directly from that higher level of care to reunification, adoption or guardianship. These youth will receive Family Finding services and participate in Safety, Permanency, and Well-Being roundtables. In addition to these specific innovations, an overarching goal is to decrease the over representation of Native American youth in Montana’s foster care system as many children in these target populations are Native American.

Montana’s Independent Living Services are provided through the Chafee Grant. Foster youth age 16 and older, and youth through age 20 no longer in foster care, are provided services under the program. Educational Training Vouchers are available to youth through age 23. CFSD also has a transitional living program. This program is for older youth still in foster care and is designed to help them get their own apartment while they go to school and work. Contracted support staff are utilized to monitor the placement and provide transitional services to the Chafee eligible youth.

CFSD also has a subsidized adoption and guardianship program. However, due to limited resources, there are limited post adoption and guardianship services. Should the Title IV-E Waiver be successful

in safely reducing the number of children in foster care, some of the savings may be used to strengthen post adoption and guardianship services.

B. Services Coordination

The child and family services continuum is narrowly defined in Montana and doesn't include juvenile justice or non-child protective system services as is included in other jurisdictions. The CFSP and the Title IV-E Waiver will drive CFSD services in Montana over the next 5 years.

CFSD has working relationships with many partners including Children's Mental Health, Juvenile Justice (courts), Juvenile Corrections, TANF/Medicaid, Montana's seven federally recognized Tribes, Domestic Violence service providers (State Coalition and local community providers), developmental disabilities service providers, Office of Public Instruction, local school districts and non-agency service providers across the State. Some of these relationships are maintained through Central Office and contracts CFSD has with providers or other formal agreements (e.g. Montana Coalition Against Domestic and Sexual Violence and In-Home Services providers). Some of the coordination of services has developed and been maintained through collaborative efforts with other agencies due to the fact that CFSD is often working with the same children and families as these other agencies (e.g. Children's Mental Health, Medicaid, TANF, OPI, Best Beginnings Advisory Councils and Juvenile Justice). All agencies have recognized the importance of collaboration and are more aware of the need to work together to serve families. As an example, CFSD has worked very closely with Children's Mental Health Bureau on a variety of projects including implementation of CANS assessment and a SAMSA grant for treating youth with co-occurring (mental health and substance abuse) issues. Also, CFSD's work with Early Childhood Coalitions across the state and the MIECHV program on statewide implementation of SafeCare Augmented for both voluntary cases and involuntary cases (specific to the Title IV-E Waiver) are examples of ongoing coordination efforts.

A great deal of stakeholder service coordination occurs at the field level with Regional Administrators and other CPS staff and supervisors involving their local providers and stakeholders. This includes taking part in local Best Beginnings Coalitions, outreach to local schools and school boards, development of relationships with local service providers (e.g. mental health and substance abuse), DV providers/shelters, churches, and other charity or nonprofit organizations. Continued and increased involvement and outreach at the local level is critical to the success of the goals in the CFSP and the Title IV-E Waiver.

The long term goal for CFSD is become more defined in terms of coordination of service providers and to share data to improve outcomes for children and families served by service providers. The goal of the CQI process that is being developed is to allow for CFSD to receive input from these providers to use in making decisions designed to improve access and coordination of services for children and families. The process being developed will provide data and create feedback loops in regards to changes made. It will also allow CFSD to measure whether the changes have positive impacts on safety, permanency, and well-being outcomes for children and families. This type of information will be very helpful in providing the framework for CFSD discussions with providers and stakeholders about how to best align services. On a smaller scale, this is being done through the Title IV-E Waiver as well. Stakeholders are involved through informational meetings, provide input and ideas, and have been and will continue to be asked how to improve outcomes and quality and coordination of services. Data has been made publically available and reported directly to the Waiver Steering Committee. Ongoing

data will continue to be shared through the life of the Title IV-E Waiver. This model of inclusion and information sharing is what CFSD will use and expand into all areas.

C. Services Description

Montana's allocation of Title IV-B subpart 2 funds for the fiscal year 2014 is \$734,423. This amount represents a steady reduction in funding over the preceding ten years. CFSD continues a matching ratio of state general funds to federal funds above the required 25% federal match rate to provide for a continuum of services.

Given Montana's very large geographic area and small population, geographical accessibility continues to be a factor in providing and sustaining effective services. Beginning in July 2015, Title IV-B subpart 2 services will be available in 51 of Montana's 56 counties. This represents an approximate increase of 23% in the number of counties served since implementation of the 2010 CFSP. Given the rural nature and small population of many of Montana's counties, CFSD's goal for the 2015 – 2019 CFSP will be to maintain Title IV-B subpart 2 services in the 51 counties where they currently exist. CFSD will continue to take advantage of opportunities to expand services into other counties if possible. However, given the fact that the federal financial contribution to these programs continues to be reduced annually, and CFSD's own budget issues prevent additional funding to these programs, the maintenance of existing services is a realistic goal for the next five years.

Title IV-B subpart 2 Family Support, Preservation and Time Limited Reunification services are provided through In-Home Services contracts with private sector providers across the State. CFSD staff may occasionally provide some of the services referenced below; however, the funding for services provided by CFSD staff are not paid from Title IV-B subpart 2 funds. All contracts require all providers to have the ability to provide the Family Support, Preservation, and Time Limited Reunification services listed below. The actual services provided are dependent upon the individual needs of the family referred for services. A family must be referred to one of these providers by a Child and Family Division Child Protection Specialist (CPS) in order for the family to be served using Title IV-B subpart 2 funding. Referrals from outside agencies cannot utilize Title IV-B subpart 2 funding. Safety factors, measured goals, defined expected outcomes, and family involvement in case planning are all required to be reported by these service providers.

CFSD is committed to assuring that the services provided with Title IV-B subpart 2 funds are in compliance with the federal grant and state funding and contract requirements. In order to ensure these requirements are met, CFSD will implement a contract monitoring program of these services in SFY 2015. CFSD will initiate contract monitoring activities in CFSP 2015-2019 that will not only review adherence to federal grant and state contract requirements but will also measure outcomes for children and families as a result of the services provided. The exact outcomes to be captured are still to be decided; however, an example of outcomes that may be captured are whether successful reunification occurred in time-limited reunification cases with no subsequent removals for the next 12 months or whether removal is prevented and no subsequent reports are received for the 12 months subsequent to receiving prevention services (services prior to removal of children from the home). The final outcomes captured will be reflective of the 2015 – 2019 goals and objectives outlined earlier in the CFSP. Additional information will be provided in future APSRs.

CFSD's contract compliance monitoring process begins with a notice of contract monitoring activities going to contracted providers from CFSD's Contracts and Grants Unit. Contracted providers will be required to send a pre-determined random selection of files to CFSD's Contracts and Grants Unit in Helena for case file review of all services provided by contract and under the grant. The current contract compliance monitoring protocols have been approved by CFSD's Management Team. Management Team will review and approve the final outcomes to be captured. CFSD believes this contract compliance review model will lead to improved outcomes and delivery of Title IV-B services to children and families.

Should Montana's Title IV-E Waiver Innovations prove to be successful in producing better outcomes for children and families while achieving cost neutrality, some of the Title IV-B subpart 2 funding used for "traditional" In-Home services under the existing contracts may be shifted to expand the availability of the evidence-based services provided under the Title IV-E Waiver. If this were to occur, it is unlikely to occur prior to the final year or two of the 2015 – 2019 CFSP due to the quasi-experimental design of the required evaluation. CFSD may have to modify the contract compliance review model at that time.

CFSD will allocate its Title IV-B subpart 2 funding and required State match equitably across the categories/service area listed above. CFSD will ensure that final expenditures in each category/service are a minimum of 20% of the Title IV-B Subpart 2 allocation and required State match. CFSD will also continue to combine its report on the family support and family preservation services and report separately on the time-limited reunification and adoption promotion and support services. At the same time, CFSD continues to analyze the services provided with these funds to ensure that the allocation of the funds maximized the benefits that can be derived from this funding.

1. Family Support/Preservation and Preservation Services:

Montana's array of family support and family preservation services provided through its Child and Family Services Division includes, but is not limited to, the following:

1. Child and Family Assessment
2. Home Visiting
3. Parenting Skill Building (appropriate discipline, role modeling, age appropriate expectations, bonding)
4. Educational Classes (GED, occupational, parenting)
5. Family Group Decision Making Meetings
6. Organizational Skills (budgeting, housekeeping, shopping, meal preparation)
7. Family Behavior Skills (anger management, communication, role modeling)
8. Mental Health Therapy for individuals and families
9. Preventive Health Services
10. Resource Linkage for housing, job services, basic needs, substance abuse, and other mental health issues
11. Transportation for access to services
12. Accessing and Providing Hard Services
13. Mentoring for birth parents and children

The above-listed services comprise the array of services that families may receive under the family support and family preservation categories that focus on in home services and a strength based approach to building on a particular family's focused goals and abilities designed to ensure the safety of children.

2. Time-Limited Reunification Services

These services include the same array of services provided for family preservation and support services with the addition of supervised visitation. These services are provided primarily by contractors and CFSD staff in service areas where contract providers are limited or not available. Contract compliance procedures and protocols, as described earlier for family support and family preservation services, apply to Time-Limited Reunification Services as well.

3. Adoption Promotion and Support Services

Services provided by the Division include recruitment of adoptive homes, adoption specific training (Creating a Lifelong Family), and the provision of post-adoption services. Adoption Promotion and Support services activities also include services and activities designed to encourage more adoptions out of the foster care system when adoptions promote the best interests of children. This includes pre- or post-adoptive services and activities designed to expedite the adoption process and support adoptive families.

D. Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

CFSD is required to utilize a competitive Request For Proposal (RFP) process for procuring services. This requires providers interested in providing the services to submit a proposal describing the services to be provided, the geographic area to be served, and a budget demonstrating services can be provided for the funding available. The proposals are screened, scored, and the contract is awarded to the provider submitting the highest scoring proposal based on the budget and terms of service provision. The agencies selected to provide these services are required to be based in the communities being served.

E. Populations at Greatest Risk of Maltreatment

Youth Age at Placement	Percentage of Total Entries by Fiscal Year								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
0 to 5	51%	53%	54%	53%	49%	51%	57%	54%	54%
6 to 12	29%	28%	28%	28%	30%	30%	27%	31%	32%
13 to 17	19%	19%	19%	19%	20%	18%	16%	16%	13%

Youth Age at Placement	Number of Total Entries by Fiscal Year								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
0 to 5	735	629	578	523	464	489	564	667	754
6 to 12	419	327	297	281	285	290	267	380	452
13 to 17	278	223	204	189	192	176	164	198	186
Total	1,432	1,179	1,079	993	941	955	995	1,245	1,392

The population at greatest risk of maltreatment in Montana continues to be children ages 0- 5. As shown by the graphs above, children ages 0-5 have historically represented the largest group of

children in out-of-home placements. This age group comprises more than 50% of the children in out of home placement. This age group is overrepresented in foster care as a group in comparison to their percentage of the overall population of the state. According to 2012 census data, children under the age of 18 represented 22.1% of the Montana population, and children under five were 6.1% of the population.

Furthermore, this age group represents the most vulnerable population with the least ability to protect itself from child maltreatment. The age group is also the focus of the Montana DPHHS Best Beginnings Advisory Council that is tasked with ensuring the development of comprehensive community based early childhood services. By identifying this age group as the population at greatest risk of child maltreatment, CFSD also intends to continue to work collaboratively with other DPHHS divisions, including Medicaid, Part C, Early Childhood Services, MIECHV, and Children's Mental Health Bureau to conduct more comprehensive screenings and assessments for children ages 0-5 to ensure that the well-being and developmental needs of this age group are met. As the Best Beginnings Advisory Council to implement changes and make recommendations, they will be included in future APSRs.

The second population identified as being at greatest risk of child maltreatment in Montana is children of Native American ethnicity. Native American children make up approximately 37% of children in foster care. The 2012 census found only 6.5% of Montana residents to be of Native American ethnicity.

CFSD's Title IV-E Waiver includes and addresses the over representative of both of these populations at greatest risk of maltreatment. Innovation I specifically targets families with children ages 0-5 and will put services in the home to allow for the safe placement of children in the home while working with CFSD. Utilization of the SafeCare Augmented evidence-based home visiting model is a primary component of this Innovation. While reducing the over representation of Native American children in foster care is not a specific goal of any of the three Title IV-E Waiver Innovations, it is an outcome expected as a result of implementation of the Title IV-E Waiver. Innovation II will have a positive impact on moving Native American children and families to permanency more quickly. Innovation II will work intensely to re-engaged parents who are disengaged and not making progress on court ordered treatment plans, many of whom are Native American. However, if reunification cannot occur within six months, the concurrent plan is guardianship with the current kinship family. This Innovation should increase the number of permanent guardianship placements for Native American children and allow the State to avoid terminating parental rights which is contrary to Tribal cultures and traditional belief systems. Consultation and exchange of data and information with Tribes and Tribal organizations in off reservation areas will continue over the next five years to increase the likelihood of success in engaging Tribes in these efforts.

It is also a goal in hiring the Child Welfare Manager (CWM) positions in each region, that the positions oversight of cases will assist in ensuring that active efforts are made to reunify Native American children with their parents. CWMs, in addition to their Title IV-E Waiver responsibilities, will be overseeing CFSD permanency teams and FGDM staff and process. With greater attention and oversight on adherence to ICWA requirements and timely identification of safe family members as placement options, CFSD anticipates it will safely reunify Native American families more quickly and reduce the percentage of children in this high risk population.

In sum, through the collective efforts of the Best Beginnings Advisory Council and local coalitions tasked with ensuring that communities have comprehensive early childhood systems, the creation of

CWM positions, and the implementation of the Title IV-E Waiver, CFSD believes that a safe reduction in these populations of greatest risk of maltreatment should occur.

F. Services for Children Under the Age of 5

As described above and in other sections throughout the CFSP, services to children under the age of 5 is the focus of Innovation I of the Title IV-E Waiver. Also, the collaboration between CFSD the Maternal Child Health Bureau, that oversees the MIECHV grant to provide voluntary SafeCare Augmented services to families prior to removal, is an expansion of services available to children age 5 and under. The creation of the CWM positions will assist in ensuring that FGDMs and other services are being provided to families and children to allow for safe reunification of this age group in a timely manner. The implementation of SAMS and the current “Conditions for Return” implementation will also allow children under age five return to their homes more quickly. Conditions for Return focus on the safety issues that must be addressed to allow for the child to return home. The parents can continue to work on their treatment plan and comply with other court required activities while the child is in the home as long as the safety issues continue to be addressed. Expansion and more refined application of these services are goals for the next five years. Traditional services to this age group (e.g. EPSDT) will continue to be provided as well as the expanded services described above and previously.

CFSD also continues to play an active role in the Governor’s Best Beginnings Advisory Council. The task of this Council is to identify gaps in services for children 0-5 in the state of Montana and to then make recommendations and plans to fill in these gaps to ensure that the developmental needs of all children 0-5 in the state of Montana are being met by building comprehensive early childhood service systems in communities in collaboration with local community councils or coalitions. Although this state council focuses on the services and needs of all children 0-5, not just children in the custody of CFSD, through its work, it has improved access for children ages 0-5 to evidence-based interventions; such as, home visiting models like Parents as Teachers, Nurse Family Partnership, and Early Head Start. By continuing to build strong partnerships between programs, including Head Start, Stars to Quality Child Care (a QRIS system), Home Visiting, Part C, and CFSD, children age 0-5 are targeted to receive these services. The Best Beginnings Council continues to meet and develop its strategic plan for providing early childhood services to all children in Montana. Montana is considering the implementation of universal screening of this age group using the Ages and Stages Questionnaire in the next five years. Progress of this effort will be reported in future years.

CFSD will continue to provide training specific to the developmental and attachment needs of this age group to employees, foster parents (including kinship foster care providers), and other service providers across the state. This will include training on the ACE study and other trauma focused trainings. As described in CFSD’s training plan, there are many opportunities for this information to be delivered to a wide range of audiences.

G. Services for Children Adopted From Other Countries

Families who adopt internationally from one of Montana’s State-licensed private adoption agencies receive the same services as any other family. These agencies are required under State licensing requirements to offer post-placement services when requested from adoptive families with which they have worked.

In cases where State intervention is requested or deemed necessary, family preservation or reunification continues as the primary goal in working with all adoptive families. If the children enter the

child protection system, then they are offered the necessary services based on their level of need, such as therapeutic foster care, therapeutic group home placement, and residential placement.

V. CONSULTATION AND COORDINATION BETWEEN STATE AND TRIBES

The 2015-2019 CFSP will be distributed to the Tribal Social Services Directors of Blackfeet Tribe, Chippewa Cree Tribe (CCT), Confederated Salish and Kootenai Tribes (CSKT), Assiniboine and Gros Ventre Tribes of Fort Belknap, Assiniboine and Sioux Tribes of Fort Peck, Crow Tribe, and Northern Cheyenne Tribal social service agencies prior to submission to ACF. CFSD will request tribal review and feedback of the CFSP. Once CFSD receives word from ACF that our CFSP has been approved, CFSD will send a copy of the approved plan to each Tribal Social Services agency. The plan will also be added to the CFSD website and a link to that site will also be provided.

The CFSD ICWA Program Manager will provide routine communication between the seven Tribal Social Services agencies and CFSD to ensure the implementation and assessment of the CFSP is an ongoing process. Indian Child Welfare Act (ICWA) compliance is of utmost importance to CFSD and it will continue to improve compliance with all aspects of ICWA. The ICWA Program Manager will promote the State's ICWA compliance by providing technical assistance to CFSD, Tribal Social Services (TSS), and any judicial personnel. ICWA training is provided to all incoming and current CFSD staff, policy updates and training is provided in quarterly policy webinars, and yearly ICWA Qualified Expert Witness training occurs. The Tribal Relations Manager is a liaison between Tribal Governments and the State Government. The Tribal Relations Manager provides another resource and contact person for the seven federally recognized Tribes in Montana and is the conduit for the Tribes to negotiate direct Title IV-E.

CFSD has discussed ICWA compliance with all seven Tribes and, in general, the Tribes report they are mostly satisfied with the State's performance in complying with ICWA. The identified barrier when speaking with Tribes on ICWA compliance is the ability to identify ICWA cases within the jurisdiction of State District Court and then being able to monitor ICWA compliance. Currently CAPS (Montana's SACWIS) does collect some information on ICWA, but the screen is not required to be completed by staff. The information captured on the CAPS ICWA screen allows for tribal status and enrollment number, date request for verification sent to tribe, notification of parents made, and tribal jurisdiction. In an initial review of a small sample of cases (approximately 30) in which information was added to the ICWA screen, it appears about 25% of the information that can be placed onto the screen is being entered on about 25% of the cases. The other issue is the screen was designed to collect information on all Native American children, so if certain data elements are not entered it is impossible to distinguish "Indian children" as defined in ICWA from other Native American children. CFSD will explore a variety of ways to improve data on ICWA compliance through a combination of training staff on completing the ICWA screen, potential changes to CAPS, and case reviews done in the new CQI process. CFSD inquires about ICWA compliance when meeting with Tribal Social Services. The ICWA Program Manager also maintains routine contact with TSS of the seven federally recognized Tribes in Montana providing the opportunity for any questions or concerns to be addressed. The ICWA Program Manager also provides technical assistance for State CPS workers in regard to ICWA compliance. CFSD can increase ICWA compliance by early and consistent communication with TSS and by inviting TSS to participate in meetings and case planning decisions.

Tribal Social Services have jurisdiction and are responsible for providing the child welfare services and protections for Tribal children residing on the reservations. CFSD has jurisdiction and is responsible for providing child welfare services and protections for Tribal children residing off the reservations. CFSD is also responsible for providing child welfare services for non-Indians residing on the reservations. Fort Peck is an anomaly in that CFSD staff provide case management services to Title IV-E eligible Native American youth residing on that reservation. This is accomplished through an agreement between the Tribe, CFSD, and the BIA.

Tribal Social Services are responsible for the operation of a case review system for Indian children in their foster care system and jurisdiction. CFSD recognizes and respects Tribal sovereignty and their right and abilities to create and monitor their foster care system. Also, the State's Title IV-E contracts are limited to Title IV-E requirements. As case reviews are not a Title IV-E requirement, CFSD cannot compel or require Tribes to participate in its Title IV-B required case review activities. While some Tribes may utilize the differential response model, the overall practice is to maintain the children with their family while providing services to remedy the safety concerns. If it is necessary to remove the child(ren) from the family, relatives are sought to provide a safe home environment. Reunification and other forms of permanency are a priority. CFSD recognizes and respects the customs and traditions of the Tribal communities in regard to the issue of terminating parental rights. As long as customary adoptions, that suspend parental rights instead of terminating parental rights, are within the Tribal Code, these adoptions are recognized, supported, and are eligible for a Title IV-E subsidy.

CFSD has Title IV-E contracts with all seven federally recognized tribal governments in Montana. These contracts have been in place for almost twenty years. Under these contracts, the Tribes can receive Title IV-E funds for eligible case management and training costs. Tribes also receive a capped allocation of state general fund to use as match to offset part of their administrative expenses. Care and maintenance payments are also reimbursed under the contract. Tribes receive the federal match percentage (FMAP) for their out of home placement costs for Title IV-E eligible children, and the State provides the remaining required match for these placements. Montana Tribes do not pay any of the care and maintenance costs for their Title IV-E eligible children placed in foster care. CFSD has issued Title IV-E Contract Modifications requiring Tribes to conduct annual credit checks for foster youth 16 years and older. CFSD has also provided training and information on the credit checks to Tribal Social Services on an individual basis as well as at the Tribal Social Services Association meeting.

Two Montana Tribes have expressed interest in accessing Title IV-E funds directly. These Tribes are CSKT and CCT. CSKT has an approved Title IV-E Direct Plan. The State and CSKT have been in negotiations to discuss how the State can continue to financially support their Title IV-E program should they decide to access Title IV-E funds directly. Formal discussions regarding CSKT accessing CFCIP funds directly have not taken place; however, CSKT has indicated they would likely access that funding directly if they choose to access Title IV-E funds directly. The next negotiation session between the State and the Tribe is scheduled for July 2014. State staff involved in the CSKT negotiations include the State Director of Indian Affairs from the Governor's Office, the Tribal Relations Manager from the DPHHS Director's Office, CFSD Division Administrator, CFSD Program Bureau Chief, CFSD Fiscal and Operations Bureau Chief, and CFSD ICWA Program Manager. CCT is in the very early stages of the process of submitting a plan to ACF for approval. The State will support CCT's efforts to access Title IV-E funding directly, and CFSD will participate in discussions, negotiations, and provide information as requested by the Tribe. CSKT has invited CCT to be present during the July 2014 negotiation meeting.

In the next five years, Child and Family Services Division will work on a systematic approach to gather ICWA compliance data and share that data with TSS agencies. Improved data collection will assist CFSD in identifying ICWA non-compliance efficiently, so it can be addressed in a timely manner. CFSD will continue routine communication with the seven TSS agencies to gather ICWA compliance information. Meetings will be utilized to inquire about any issues, concerns, strategies or improvements of ICWA compliance. ICWA Program Manager will continue to provide ICWA training to new and current CFSD staff; as well as, provide any ongoing training when requested. Recruitment and Retention of American Indian foster homes will need to be revitalized, so more Native American foster homes are available to allow ICWA placement preferences to be followed. CFSD will also continue to meet with and update Tribes on the status of the Title IV-E Waiver. Tribal input into the Title IV-E Waiver will continue to be requested, and CFSD will continue to inquire into Tribal interest in opting into the Title IV-E Waiver.

See Chafee Section (D6) for more information regarding Tribal coordination in CFCIP activities for youth.

VI. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

A. Agency Administering CFCIP

The Montana Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) administers, supervises, and oversees the programs carried out under the CFCIP (Section 477(b)(2)). These programs are referred to as the Montana Foster Care Independence Program (MFCIP).

CFSD provided oversight to eight contracted regional and Tribal programs which directly provide MFCIP services and supports. Oversight is reflective of CFSD's MFCIP policy, State and Federal requirements and the needs identified by the providers. Oversight is provided via conference calls, webinars and site visits on an annual or as needed basis.

B. Description of Program Design and Delivery

Montana offers programs and services to meet the following purposes of the CFCIP:

- Help youth transition to self-sufficiency;
- Help youth receive the education, training, and services necessary to obtain employment;
- Help youth prepare for and enter post-secondary training and educational institutions;
- Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults;
- Provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition into adulthood;
- Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care; and
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Help youth make the transition to self-sufficiency: Currently, CFSD utilizes the Casey Life Skills Assessment (CLSA) to assist in the identification of service needs for youth. The CLSA is a multi-

dimensional culturally appropriate assessment tool which is readily available on the internet at no cost. Youth referred to the transitional living contractor will complete a CLSA upon enrollment and annual after that. The CLSA will guide the development of an outcome based transitional living plan (TLP). The transitional plan is the tool used to document the specific services needed by an individual youth. TLPs are completed each six months to identify current goals and need of the youth.

Utilization of the CLSA and TLP will create an individualized transition plan to assist the youth in achieving self-sufficiency. Services will look different for each youth and once needs are identified, MFCIP providers will work to address those and assist youth in reaching their goals.

Help youth receive the education, training and services necessary to obtain employment: Given the importance of obtaining a high school diploma or GED in obtaining employment which will provide sufficient income for a person to support themselves financially, the Division has provided, and Chafee transitional living service contracted providers will continue to provide, services to youth to prepare them for employment, post-secondary vocational training and/or higher education by:

- Monitoring the youth's academic progress;
- Utilizing the life skill assessment and the corresponding transitional living plan to identify needs and appropriate services to assist the youth in preparing for and retaining employment;
- Increasing the use of programs and services available through the school system to assist in meeting youth's needs;
- Identifying barriers to youth employment and developing solutions to remove the barriers so youth can obtain employment experience;
- Increasing collaboration with other agencies and organizations to identify vocational, educational, and job training opportunities that are available;
- Providing training regarding the educational and vocational training needs of foster youth to foster parents and group home staff;
- Collaborating with the Office of Public Instruction to provide access for Chafee youth to educational assistance programs and to develop educational plans for youth which will be maintained through the youth's educational journey;
- Providing training regarding the educational and vocational training opportunities available in local communities and within the state to foster parents and group home staff.

Help youth prepare for and enter post-secondary training and educational institutions: In addition to the ETV program, current MFCIP providers will help youth prepare for and enter post-secondary educational or vocational institutions by:

- Using the Montana Career Information System to assist youth in identifying careers in which they have an interest;
- Networking with local organizations to identify scholarship opportunities which youth served by Chafee transitional living services may be eligible;
- Assisting youth in exploring post-secondary educational and vocational options and financial aid opportunities which may be available;
- Assist youth in applying for financial aid, including assistance through the ETV program;
- Providing a "A Step Ahead" summit focusing on post-secondary education;
- Providing stipend assistance to youth for books, supplies and other expenses necessary to assist a youth in obtaining a GED or high school diploma when foster care funds are not available;

- Advocating for tuition and fee waivers within the Montana University system for former foster care youth;
- Assisting youth with dorm and apartment set-up;
- Assisting youth in developing and funding a plan for living arrangements during holidays and school breaks.

Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults by:

- Supporting permanent placement of youth in foster care through adoption, guardianship and other placements intended to provide a permanent connection;
- Assisting youth in reconnecting with important people from their past who may be able to provide support through incorporation of Family Finding.
- Assisting youth in identifying potential mentors with whom the youth has an existing relationship and develop statewide mentorship collaborations and/or resources;
- Identifying opportunities for youth leadership training;
- Encouraging and supporting youth participation in school and community activities.

Provide financial, housing, counseling, employment, education and other appropriate support services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and making the transition into adulthood:

- Promoting the development of low cost housing;
- Assisting youth in applying for Section 8 or other low-income housing;
- Collaborating with other agencies which provide financial assistance, employment, housing education or other services to youth to maximize the availability of services and reduce duplication;
- Advocating for tuition waivers in the state higher education system for youth who have “aged out” of foster care;
- Identifying and collaborating with existing adult service programs to provide a link between youth and adult delivery systems;
- Assisting youth to identify programs and services available in the community where the youth plans to reside;
- Assisting youth to apply for services for which they are eligible;
- Assisting youth with the costs of counseling or therapy when it has been determined that such services will assist the emancipation process and other funding is not available;
- Assisting youth with medical expenses when the medical service provided was medically necessary and for which other funding is not available;

Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care: Montana’s ETV program will continue to comply with the conditions specified in subsection 477(i) of the Act. Strengthening the program through utilization of training and technical assistance will be a goal during the coming years. The Division will continue to contract with the Student Assistance Foundation (SAF), which is a private non-profit agency, to administer the ETV funds.

Youth eligible to receive benefits and services provided under Chafee transitional living services are youth age 16 or older who are in foster care (as defined for CFCIP) for whom placement and care responsibility is with CFSD or a Tribal agency; and youth who were in foster care under the placement and care responsibility of the State or Tribe and “aged out” of foster care. Youth who have had a kinship guardianship or adoption established after age 16 are also eligible.

SAF will continue to collect applications submitted by foster care students and the Division will continue to review those applications to verify eligibility and ensure no duplication of benefits from Chafee funds exist. Eligible youth may receive up to \$5,000 a year to attend an institution of higher learning, or a training program, that meets the criteria established under Section 102 of the Higher Education Act of 1965. The actual amount of assistance to be provided is dependent on other assistance available to the youth, the “cost of attendance” as defined under the Higher Education Act, the academic status of the youth and the need of youth that apply for assistance.

SAF works closely with the financial aid offices of educational institutions to ensure that no duplication of benefits exists.

ETV stipends are distributed twice each year near the start of each semester. SAF works closely with youth, CFSD staff, MFCIP providers and youth guardians to make sure eligible youth are accessing and applying for ETVs.

Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Youth eligible to receive benefits and services provided under Chafee transitional living services are youth age 16 or older who are in foster care (as defined for CFCIP) for whom placement and care responsibility is with CFSD or a Tribal agency; and youth who were in foster care under the placement and care responsibility of the State or Tribe and “aged out” of foster care. Youth who have had a kinship guardianship or adoption established after age 16 are also eligible.

These youth will be eligible for the same services as other youth eligible for Chafee transitional living services or ETV services.

Describe how the state has involved youth/young adults in the development of the plan for CFCIP.

At this time, Montana has not engaged youth/young adults in the development of the plan for MFCIP. CFSD will select, train and engage a youth advisory board beginning in August of 2014. This youth board will meet four times per year and assist in developing the plan for the MFCIP, youth engagement strategies and program improvement strategies.

Describe how the state is both informing stakeholders, tribes, and courts; and involving them in the analysis of the results of the NYTD data collection and how it is using these data and any other available data in consultation with youth and other stakeholders to improve service delivery.

At this time, Montana has not informed and/or involved stakeholders, tribe and courts in utilized NYTD data. Montana is working to identify strategies for accessing and utilizing NYTD data to improve MFCIP services as well as developing strategies to collect additional data. For that reason, there is a lack of engagement of stakeholders, tribe and courts by CFSD regarding data analysis.

CFSD has begun analysis of NYTD data to identify the services most utilized, and hence most necessary, for Chafee youth in the state. Once these services are identified, Montana will work to identify collaboration opportunities or areas of focus for program development.

CFSD is also working to analyze the results of NYTD surveys to identify areas of focus to adapt services to better address the major barriers and issues youth are struggling with. In addition to NYTD data, Montana is developing a strategy for collecting additional data to identify barriers for youths' success and resulting MFCIP services to combat them.

As the information above becomes available it will be shared with agency staff, Tribes and stakeholders.

Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.

Montana will continue to meet all NYTD requirements and utilize its current plans to collect high-quality data through NYTD. NYTD services are collected on a monthly basis from MFCIP providers and entered into our CAPS system for federal reporting requirements.

The current NYTD survey plan to collect data will also remain the same. CFSD works collaboratively with MFCIP providers to locate, identify and survey youth in the target populations. Moving forward CFSD will work with MFCIP providers to solidify a plan to keep youth engaged in taking NYTD surveys as they age and become more transient.

Serving Youth Across the State

All youth who meet the Chafee eligibility criteria as outlined in the MFCIP CFSD policy and voluntarily agree to participate in services have the ability to access services. All political subdivisions within the state, including the State's federally recognized Indian Reservations, are served by the program regardless of any mitigating factors as long as they meet eligibility criteria.

Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

As a result of limited data collection ability of our current SACWIS system and the limited resources available to make changes to the system outside of required changes, little NYTD data is available. Montana is working to develop and implement a new SACWIS system. With a new SACWIS system will come the ability to better track, analyze and collect NYTD data. In the interim, CFSD will pursue the ability to collect NYTD data and make the information available to agency staff, Chafee contractors, Tribes and stakeholders

While NYTD data collection and dissemination is an ongoing barrier, in-person meetings and site visits with local MFCIP providers have led to some broad conclusions. Some of these conclusions include, but are not limited to:

- The rural nature of Montana is consistently a problem in terms of finding and obtaining employment for youth outside of the major communities. Transportation availability and cost is a huge factor because of the number of miles between cities as well as lack of employment opportunity in very small communities. An increasing problem unique to Eastern and Northern Montana is the escalating oil boom. More families are present in schools and looking to receive services, jobs are scarce and housing has become increasingly expensive.

- Obtaining low-income housing has also been a statewide focus just because of the nature of working with Chafee eligible youth. Chafee eligible youth, and any youth ages 18-21, often struggle with identifying housing options which will rent to young people with little or no credit.
- Housing costs are also rising in Eastern and Northern Montana and MFCIP providers in those areas continue to struggle to find feasible options for youth earning little money. The Bozeman area, situated in the South Central area of Montana also experiences extraordinarily high housing costs because of the community demographics. The MFCIP provider in that area continues to work to connect Chafee eligible youth with housing assistance.
- Drug use and abuse is also a major area of concern for our MFCIP providers statewide. However, the Eastern and Northern communities as well as communities that lie on major transportation routes (i.e. Butte and Great Falls) see greater need for preventative and treatment options.
- Eastern and Northern Montana communities, as a result of the rural demographic, also struggle with connecting youth to local resources simply because there are none available.
- Post-educational support services are seen most at locations which house major post-secondary educational institutions. These areas include towns with major universities (i.e. Missoula and Bozeman) as well as smaller colleges and tech schools (i.e. Havre, Miles City, Billings, Helena and Butte).

C. Serving Youth of Various Ages and States of Achieving Independence

Any Chafee eligible youth, regardless of age or their stage of achieving independence, will receive services. All services are provided to youth on an individual basis to best serve their needs and vary greatly amongst differing demographics. Service plans are directly developed by the needs identified in the Casey Life Skill Assessments (CLSA) completed by youth upon initial enrollment in the program and each year following as well as the goals set for in the Transitional Living Plans (TLP) developed for each youth upon entering the program and each six months following.

One major barrier in serving youth/young adult has been regarding the youth's current placement. Typically youth placed in congregate care facilities and youth under the age of 18 residing in placements out-of-state have been historically difficult to serve. Youth under age 18 residing out of state have been difficult to serve because of their proximity to the MFCIP provider. In certain instances, to make sure youth under age 18 residing out of state receive appropriate services, Montana has set up agreements with other States to provide and report on Chafee services.

Additionally, serving youth placed in higher level of care congregate care facilities (i.e. Private Residential Treatment Facilities and Therapeutic Group Homes) has been a barrier. Youth with higher needs may not be able to fully participate in MFCIP services due to their extreme mental health needs. In these cases, CFSD and MFCIP providers work closely with congregate care facility staff to address the transitional needs of the youth as appropriate.

In particular, describe how the state is serving: (1) youth under age 16; (2) youth ages 16 to 18; (3) youth ages 18 through 20 in foster care; (4) former foster youth ages 18 through 20; and (4) youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Formal Chafee transitional living services to youth under age 16 will not be provided by the Division. Foster parents and Child Protective Services (CPS) staff will be encouraged to conduct an ACSLA with these youth and to use the results of the assessment to identify the youth's strengths and needs, and to provide age appropriate services. If available, training and resource materials will be made available to the foster care provider and/or CPS worker.

Regional providers continue to provide services to youth who have transitioned out of foster care and who are 18 – 20 years old as well as to youth ages 16 – 19 that are currently in foster care. Youth eligible to receive benefits and services provided under Chafee transitional living services are youth age 16 or older who are in foster care (as defined for CFCIP) for whom placement and care responsibility is with CFSD or a Tribal agency; and youth who were in foster care under the placement and care responsibility of the State or Tribe and “aged out” of foster care. Youth who have had a kinship guardianship or adoption established after age 16 are also eligible.

Priority for services is given to youth who are likely to “age out” of foster care and to youth ages 18 to 20 that have “aged out” of foster care.

CFSD assures fair and equitable treatment of eligible youth by clearly defining eligibility criteria and benefits available through Chafee transitional living services. This information is formalized in the Independent Living Services section of the CFSD policy manual.

Identify any assessments or other tools the state uses to determine which youth are likely to remain in foster care and/or to evaluate young peoples’ stage of development and how these assessments inform the provision of services.

Currently, CFSD utilizes the Casey Life Skills Assessment (CLSA) to assist in the identification of service needs for youth. The CLSA is a multi-dimensional culturally appropriate assessment tool which is readily available on the internet at no cost. Youth referred to the transitional living contractor will complete a life skills assessment that will guide the development of an outcome based transitional plan.

In addition to the CLSA, the transitional plan is the tool used to document the specific services needed by an individual youth, goals and methods to achieve success. Transitional Living Plans (TLPs) are completed for youth upon their enrollment in the MFCIP as well as each six months after the initial plan.

Montana is also looking at utilizing the CANS assessment to identify and track well-being needs of all youth in the Montana foster care system.

Identify any state statutory and/or administrative barriers that impede the state’s ability serve a broad range of youth and how these barriers can be addressed.

At this time there are no state statutory and/or administrative barriers impede the state’s ability to serve a broad range of youth, including youth residing on one of Montana’s Indian Reservations or youth under the jurisdiction of Tribal court.

States must also note and address the following requirements specific to youth ages 18 through 20:

States are required to certify (by signing the Certification in Attachment C) that no more than 30 percent of their allotment of federal CFCIP funds will be expended for room and board for youth who left foster care after the age of 18 years of age but have not yet attained 21 years of age (section 477(b)(3)(B) of the Act). In the 2015-2019 CFSP, specify the state’s definition of “room and board” (see also Child Welfare Policy Manual section 3.1G). Describe the approach the state is using to make room and board available to youth ages 18 through 20 who are not in foster care.

Room and board is limited to household set-up and shelter costs, and includes rent and utility deposits, rent payments, the costs of board and room while attending a college, university or other post-secondary institution, and board and room payments made while living in another person's home (e.g., a former foster parent).

The services have not changed from years past. Less than 30% of the State's CFIP award amount is allocated to be available for youth stipends. As a result, the total amount of stipends issued for room and board services is less than 30% of the State's CFIP award amount.

For states that extended or plan to extend title IV-E foster care assistance to young people ages 18 – 21, address how implementation of this program option has changed or will change the way in which CFCIP services are targeted to support the transition to self-sufficiency (including changes in the degree to which CFCIP funds are used for room and board).

Montana currently does not have a plan to extend title IV-E foster care assistance to young people ages 18-21.

D. Collaboration with Other Private and Public Agencies

Over the next five years, Montana will work to identify, strengthen or initiate coordination with other federal and state programs for youth. In order to increase its coordination with other services, CFSD is working to collect data from Chafee eligible youth and the MFCIP providers to identify areas of need. Once CFSD knows where those areas of need are, the division can better identify specific programs to collaborate with.

Certainly identifying ways to increase the numbers of youth receiving a GED or high school diploma, obtaining secure housing, providing more unified and successful services for disabled youth and work programs seem to be areas of need already established without the data collection. Once CFSD identifies specific barriers, the division will make every effort to work with agencies that can assist CFSD in eliminating any obstacles.

On a local and regional level, our MFCIP providers are already making great connections with programs in their area to address a wide variety of needs. These connections vary greatly depending on the needs of the individual youth. Our providers work closely with schools, Vocational Rehabilitation, Job Corps, Family Planning organizations, Child/Adult Mental Health Services, employment services, Gear Up Montana and Section 8 to provide appropriate services for each youth.

Montana has, and will continue to, collaborate with our Medicaid agency and local offices of public instruction to implement the provisions in the Patient Protection and Affordable Care Act. MFCIP providers are working with youth that meet the eligibility criteria to apply for the Medicaid services. Providers are letting youth know about their eligibility as well as assisting youth in signing up for services. Additional efforts are being made by CFSD to create awareness and assist eligible youth in accessing Medicaid services.

CFSD will collaborate with the Montana Department of Justice to reduce the risk that youth and young adults in the child welfare system will be victims of human trafficking. While specific collaborations have yet to take place, CFSD continues to provide MFCIP services which directly combat the

socioeconomic risk factors related to human trafficking. These include addressing: poverty, gender inequality, unemployment, and lack of education.

E. Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

Youth eligible to receive benefits and services provided under Chafee transitional living services are youth age 16 or older who are in foster care (as defined for CFCIP) for whom placement and care responsibility is with CFSD or a Tribal agency; and youth who were in foster care under the placement and care responsibility of the State or Tribe and “aged out” of foster care. Youth who have had a kinship guardianship or adoption established after age 16 are also eligible.

CFSD assures fair and equitable treatment of eligible youth by clearly defining eligibility criteria and benefits available through Chafee transitional living services. This information is formalized in the Independent Living Services section of the CFSD policy manual. Electronic copies of the policy manual are provided to state and tribal staff. Tribal social services staff is invited to CFSD staff policy training.

In addition, CFSD assures fair and equitable treatment by requiring tribal contractors to provide services using the same eligibility criteria.

Montana does not deny eligibility for independent living services to a youth who otherwise meets the eligibility criteria but who is temporarily residing out of state, and that states may not terminate ongoing independent living assistance solely due to the fact that a youth is temporarily residing out of state.

F. Cooperation in National Evaluations

The State of Montana will cooperate in any national evaluation of the effects of the programs in achieving the purposes of CFCIP.

G. Education and Training Vouchers (ETV) Program

Describe the methods the state uses to operate the ETV program efficiently.

The administration of the ETV program has been the same for at least 10 years. CFSD continues to work with the Student Assistance Foundation (SAF) to efficiently administer and oversee the ETV program. Since CFSD has contracted with SAF for such an extended period of time, the efficiency of the program has been solidified. CFSD will continue to collaborate on continual quality improvement efforts to ensure services and the process for administering ETVs has been strengthened.

In recent years, CFSD has been working with SAF to encourage the recruitment and retention of new ETV users and identify ways to assist them to stay in school until they graduate. To accomplish this task CFSD is currently working together to identify ways SAF staff can become more involved with MFCIP programs and eligible youth to ensure youth are aware of the ETV program, how to apply and ongoing assistance for funding and academic support while the youth is attending school. Much work has been done to develop this relationship but additional work will be needed to identify and address specific barriers for youth utilizing ETVs.

Data collection and analysis is also a major objective and SAF, in collaboration with CFSD, will develop an electronic data collection system to provide data analysis of youth demographics.

Describe the methods the state will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965); and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program. (See sections 477(b)(3)(J) and (i)(5) of the Act, and Attachment C of this PI.)

SAF will continue to collect applications submitted by foster care students and the Division will continue to review those applications to verify eligibility and ensure no duplication of benefits from Chafee funds exist. Eligible youth may receive up to \$5,000 a year to attend an institution of higher learning, or a training program, that meets the criteria established under Section 102 of the Higher Education Act of 1965. The actual amount of assistance to be provided is dependent on other assistance available to the youth, the “cost of attendance” as defined under the Higher Education Act, the academic status of the youth and the need of youth that apply for assistance.

SAF works closely with the financial aid offices of educational institutions to ensure that no duplication of benefits exists.

CFSD works with SAF to provide an unduplicated number of ETVs awarded each school year. Because of its rural nature, Montana has fewer youth accessing ETVs and, as a result, ETV numbers are hand counted and ensure correct information is provided. Development of an ETV data collection system is also being created to assist in unduplicated counts.

H. Consultation with Tribes (section 477(b)(3)(G))

Describe the results of the state’s consultation with Indian tribes as it relates to determining eligibility for CFCIP/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. Specifically:

Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the CFCIP.

Each Indian tribe in the state has been consulted with about the programs and services to be carried out under MFCIP. Consultations have occurred during site visits to Tribal communities and presentations at the Tribal Association Conferences. Continual consulting occurs when there is a change in Tribal staff or training needs are identified by the Tribe. Information regarding specific services, referral process and eligibility requirements have been provided.

Describe the efforts to coordinate the programs with such tribes.

Tribes in Montana have the option of entering into contracts to provide their own transitional services or they can opt to receive services from the local/regional State contracted service provider. Various efforts have been made to coordinate with Tribal programs. In addition to the consultation described above, CFSD has entered into a contract with the Confederate Salish Kootenai Tribe (CSKT) and the agencies work collaboratively to address the needs of eligible youth. The Chippewa Cree and Blackfeet Tribes have had CFIP contracts in the past. Should they decide they decide they want to enter into these agreements in the future CFSD will assist as necessary to put these contracts back into place. Additional coordination with Tribes occurs on a consistent and/or as needed basis. MFCIP providers coordinate with Tribal programs in their area to identify and service youth when the Tribe has

referred eligible youth for services. MFCIP providers serving Tribal youth maintain close relationships with Tribal staff to discuss case specifics for each youth and explore service possibilities.

Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

Through the trainings and communications with the tribes CFSD outlines the process for Chafee eligible youth in their jurisdiction to receive services. With some tribes CFSD has set up contracts, MOUs or other arraignment to ensure all eligible youth in the State receive fair and equitable services and treatment.

CFSD assures fair and equitable treatment of eligible youth by clearly defining eligibility criteria and benefits available through Chafee transitional living services. This information is formalized in the Independent Living Services section of the CFSD policy manual. Electronic copies of the policy manual are provided to state and tribal staff. Tribal social services staff is invited to CFSD staff policy training.

In addition, CFSD assures fair and equitable treatment by requiring tribal contractors to provide services using the same eligibility criteria

Report the CFCIP benefits and services currently available and provided for Indian children and youth.

MFCIP has entered into contracts with the Confederate Salish Kootenai Tribe (CSKT). CSKT provides services to eligible youth residing on and off their reservation. CSKT receives an appropriate portion of the State's allotment which is based on the number of Chafee eligible youth in their area. If there are Indian CFCIP eligible youth from any of the remaining Tribal programs, State staff and contracted MFCIP regional providers assist in determining eligibility, obtaining necessary court documents and providing fair and equitable services and treatment for any eligible Indian youth.

ETV services are accessible to Indian and non-Indian children in the same fashion. All youth need to work with the Student Assistance Foundation to receive ETV funds.

Report on whether any tribe requested to develop an agreement to administer, supervise, or oversee the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision. Describe the outcome of that negotiation and provide an explanation if the state and tribe were unable to come to an agreement.

MFCIP has entered into contracts with the Confederate Salish Kootenai Tribe (CSKT). CSKT provides services to eligible youth residing on and off their reservation. CSKT receives an appropriate portion of the State's allotment which is based on the number of Chafee eligible youth in their area.

At this time, no other agreements have been developed for Tribes to administer, supervise, or oversee MFCIP and/or ETV programs.

I. CFCIP Program Improvement Efforts

Describe the state's plan to consult with and involve youth in the CFCIP and related agency efforts (e.g., CFSR) over the next five years.

CFSD will select, train and engage a youth advisory board beginning in August of 2014. This youth board will meet four times per year and assist in developing the plan for the MFCIP, youth engagement strategies and possible program improvement strategies.

MFCIP also holds an annual summit for Chafee eligible youth called “A Step Ahead: Building a Path to Success.” The summit is another venue for MFCIP to consult with and involve youth in the MFCIP and related agency efforts.

Describe the state’s plans to continuously involve youth in assessment, improvement, and evaluation of CFCIP services and outcomes for youth over the next five years.

The MFCIP is in year one of three of the program improvement plan. The three year program improvement plan addresses the unique and difficult challenges youth have as they age and leave foster care. Studies indicate that they are less likely to finish high school and become self-supporting. They are more likely to be homeless or to become parents at a young age. Further developing and improving the Montana Foster Care Independence Program (MFCIP) will assist in combating these problems. Expanding the MFCIP will also address and work towards achieving the goals of the Montana Child and Family Services Division and Administration of Children and Families.

To effectively expand and address the risk factors outlined above, the MFCIP will need to engage Chafee eligible youth in assessing, improving and evaluation services and outcomes.

Integration of a youth advisory council will: improve Chafee services, cultivate teen leaders to speak publically and train peers and adults, coordinate state-wide youth events, perform legislative advocacy and peer to peer mentoring.

J. CFCIP Training

States must provide information on specific training planned for FY 2015 through 2019 in support of the goals and objectives of the states’ CFCIP. CFCIP training may be incorporated into the training information discussed in section D2 or D10 for the 2015-2019 CFSP, but should be identified as pertaining to CFCIP.

The following trainings are currently planned for FY 2015 through 2019:

- Annual “A Step Ahead” summits/training each June for Chafee eligible youth ages 16-19. Training will be provided regarding the following areas: housing, employment, healthy behaviors, post-secondary education and general life skills.
- Youth Advisory Board meetings/trainings quarterly. Youth selected to participate in the youth advisory board will be trained as advocates, presenters and peer mentors for youth across the state.
- Annual site visits and trainings for MFCIP providers. Trainings include but are not limited to information regarding: data collection, contract management, improving outcomes, services and case management.
- Annual training for attendees at the Montana Child Abuse and Neglect Conference.
- Annual training for foster/adoptive parents at the Montana Foster/Adoptive Parent Conference.
- Quarterly policy trainings for CFSD staff will include information regarding the MFCIP and ETV programs.

VII. Monthly Caseworker Visits

CFSD policy requires, at a minimum, all children in foster care (including children in trial home visits) will be visited by the CPS face-to-face, every month that the child is in care. At least 50 percent of these monthly visits need to take place in the child’s current residence. Visitation between the CPS and children in foster care (including trial home visits) is essential in promoting placement stability. Regular contact

allows the CPS to observe and assess the impact of the emotional trauma resulting from the child's maltreatment and removal, and the child's progress, and to involve the child in case planning. The CPS must maintain regular contact with the child(ren) and foster care providers to routinely assess the child's safety, permanency and wellbeing and ensure that the child's needs are being met. The vulnerability of the child and the protective capacities of the foster care provider must be assessed and documented. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Contacts more frequent than every month are dependent upon the CPS's assessment of the child's vulnerability and needs, the protective capacities of the provider and whether or not other professionals have routine contact with the child.

The state plans to use the Monthly Caseworker Visit Grant over the next five year to improve the quality of caseworker visits, to meet state and federal standards for caseworker visits, and to improve caseworker recruitment, retention and training by providing training on the above-topics and helping to implement solutions identified in the recruitment and retention survey completed with U of M; such as, reduction of workload through reduction of paperwork and duplicate data entries to free up caseworker time for quality visits with children.

One of Montana's CFSP goals during the next five years is to improve the number of caseworker visits to conform to the national standard. Montana has struggled to make significant progress in increasing the number of monthly visits conducted by CPS staff. Staff turnover and significant increases in caseloads have contributed to the difficulties in achieving the standard of 90%. CFSD is looking at ways to address workload issues through increases in staffing or the possibility of utilizing child placing agencies to perform some licensing functions (pre-service training and home studies). CFSD will not know until June or July 2015 if these efforts have been successful as they must be approved by the state legislature. CFSD is also hopeful that implementation of the Title IV-E Waiver in January 2015 will assist by safely reunifying children with their parents for finding permanent placement placements in a timely manner; thereby reducing workload, and creating more time for caseworker visits. Furthermore, if CFSD receives funding for a new SACWIS, it will reduce caseworker time spent entering data.

VIII. Adoption Incentive Payments

If the Department receives adoption incentive payments in 2015-2019, they will be divided between the State and the Tribes based on the following Title IV-E contract language:

The Department may receive adoption incentive payments in accordance with Section 473 of the Social Security Act [42 U.S.C. 673(b)]. If the Department receives adoption incentive funding and if the children included in the calculation of the amount of adoption incentive funds received include eligible children under the jurisdiction of Tribal Court, the Department will provide the Tribe with a payment equal to a pro-rated share of the adoption incentive funding based on the percentage of their Tribal Court children in the total number of adopted children used in calculating the amount of adoption incentive funds received.

Any funds which are available after the allocation to the Tribes are paid will be utilized for whatever adoption related services are needed at the time, such as post-adoptive services, adoptive support services, and general administrative costs.

D9. Child Welfare Waiver Demonstration Activities

The Montana Title IV-E Waiver (hereinafter “Waiver”) will make available the use of flexible Title IV-E funds to enable the state to create a differential response unit within its child welfare system by providing more formal and intensive family engagement services, utilizing standardized screenings and/or assessments, employing trauma-informed/evidence-based treatments as appropriate; while altering expenditure patterns, ultimately to improve safety, permanency, and well-being outcomes for children, youth and families involved in the state administered child welfare system. Over the five years of the Waiver, the Montana Department of Public Health and Human Services Child and Family Services Division will implement Intensive Service Units in strategic locations to provide these differential response services statewide to children, youth, and families in the three identified target populations.

Montana will be utilizing three innovations within the waiver to provide appropriate services to the target populations in most need. Innovations include:

1. **Innovation I: Intensive In Home Services** for children ages zero to five who have been in foster care for less than sixty days, or are at risk of entering foster care, due to neglect will receive targeted and intensive concrete supports and interventions for up to six months to allow the child(ren) and families to be safely served in the home.
2. **Innovation II: Kinship Support and Family Re- Engagement Services** for children ages zero to twelve who are in the temporary legal custody of CFSD pursuant to a District Court order and who are in a kinship placement. Furthermore, parent(s) of these children must have court ordered treatment plans; however, parent(s) may not be actively engaged in the required services under the plan. The intensive family engagement model will allow these families to safely achieve reunification within six months or will move these children into the Kinship Guardianship Assistance Program (KinGAP) if reunification cannot safely occur within a six month time period.
3. **Innovation III: Kinship Support and Family Re- Engagement Services** for children ages zero to twelve who are in the temporary legal custody of CFSD pursuant to a District Court order and who are in a kinship placement. Furthermore, parent(s) of these children must have court ordered treatment plans; however, parent(s) may not be actively engaged in the required services under the plan. The intensive family engagement model will allow these families to safely achieve reunification within six months or will move these children into the Kinship Guardianship Assistance Program (KinGAP) if reunification cannot safely occur within a six month time period.

Each innovation will allow for coordination between programs and activities funded by the flexible use of Title IV-E dollars with programs traditionally funded by Title IV-B. Below is a list per Innovation, showing Title IV-B traditionally funded services that may be coordinated with Waiver activities:

Coordination with occurring in all Innovations:

- Home Visiting
- Family Group Decision Making Meetings
- Resource Linkage for housing, job services, basic needs, substance abuse, and other mental health issues
- Mental Health Therapy for individuals and families
- Child and Family Assessment (CANS Assessment)

Coordination occurring in Innovation I:

- Parenting Skill Building (appropriate discipline, role modeling, age appropriate expectations, bonding)

- Educational Classes (GED, occupational, parenting)
- Organizational Skills (budgeting, housekeeping, shopping, meal preparation)
- Family Behavior Skills (anger management, communication, role modeling)
- Preventive Health Services
- Mentoring for birth parents and children

Coordination occurring in Innovation II:

- Family Behavior Skills (anger management, communication, role modeling)

Coordination occurring in Innovation III:

- Mentoring for birth parents and children

D10. TARGETED PLANS WITHIN CFSP

A. Foster and Adoptive Parent Diligent Recruitment Plan

Currently, foster homes are provided in Montana for approximately 2400 children in out of home care. The majority of children in out of home placement are 5 years of age or younger and approximately 37% of the children in care are Native American. CFSD's diligent recruitment plan consists of a variety of strategies used to reach out to different members and sectors of the community. Many of the approaches that continue to be utilized within the plan are suggestions listed on the AdoptUsKids website. The strategies of the plan include:

The use of Family Group Decision Making Meetings to recruit extended family members and continued enhancement of two websites: "Becoming a Foster Parent" and "Becoming an Adoptive Parent". These are pages on the Division Website. Promotional projects; such as, billboards and PSAs on TV and radio outlets were frequently aired especially during Foster Care Month (May) throughout the CFSD timeframe. In previous years, the PSAs focused on outreach to Native American and Native American communities. All of these efforts include information on contacting CFS Central Office for more information and referral to the local office that can provide additional assistance.

Regional offices utilize the media outreach; such as, "A Waiting Child," a monthly TV segment featured through local news; the AdoptUSKids Website; and the Heart Gallery, which is a portrait exhibit shown at local shopping malls in two separate locations. Regional committees do outreach through community events, health fairs, and appreciation gatherings for foster families. Regional committees also extended the invitation to area Tribal workers to collaborate efforts and resources focusing on recruitment of Native American families. Both groups staffed tables at Pow Wows, tribal community events, and health fairs and provided presentations at local church, community resources, and foster parent gatherings. Regional workers also continued monthly support groups and training topics.

There are regional Recruitment and Retention workgroups that meet as part of the plan to look at ways to recruit more Native American foster homes. These groups are an off-shoot of a statewide group that met for a number of years. The Workgroup's focus was to create collaborative strategies for increasing recruitment and retention of Native American families as part of the statewide recruitment. It also served as a vehicle of communication in breaking down barriers and expression of needs for both cultures. The statewide meetings were discontinued in 2013 as Tribal staff found it difficult economically to travel to meetings. Also, high turnover of tribal staff, turnover of tribal social services directors and the departure and vacancy of the CFSD ICWA Specialist and Tribal Liaison also

attributed to low participation at meetings. The workgroup agreed to continue the collaboration at the regional level as a way of sustaining the collaboration and targeting the specific populations in their area. SFY14 met with many challenges for the Regional workgroups for both the state and Tribes due to turnover on both sides. Also, many Tribes had a great deal of difficulty in recovering financially from the federal government shutdown and that impacted not only staff but also the ability of many of Montana's Tribes to travel to/from meetings. Efforts to revive the regional workgroups will take place during the 2015 – 2019 CFSP.

Resources were developed that are still available and used as part of the plan. Creation of a resource list of cultural materials and events have been incorporated into the Resource Parent Handbook, Development of a foster parent inquiry form occurred and was sent to the field offices for distribution at tribal and local community events, Development of a brochure and factsheet that focused on the licensing process and the criminal background check process occurred. This was established specifically for kinship families and Native American families. These resources were made available for distribution at Family Group Decision Making Meetings, to relative families, and at local and tribal events.

Statewide, as another part of this plan, CFSD has continued to use a broadcast media and poster campaign for foster parent recruitment that airs and is promoted heavily in the month of May. The last few years, a Tribal member has lent his voice to a public service announcement promoting foster care. This PSA is played on the Northern Broadcasting Network and airs in the majority of the state. Articles and interviews in local newspapers also continue to be used as a media approach, especially in the rural areas. These articles have featured foster and adoptive families who share their experiences caring for our children. Other social media opportunities provided recruitment and awareness opportunities; such as, the adoption celebration in November in several communities, newspaper articles featuring foster and adoptive families, and events that are co-sponsored by other agencies such as Wendy's Wonderful Kids and Child Bridge. Engagement and recruitment of Native American foster families also continued in some areas through presentations and collaboration with Tribal staff.

CFSD continued to circulate information about waiting children statewide, and during this CFSR period utilized three main media programs to support permanency and adoption for children (targeted recruitment) when traditional approaches have not proved to be successful. These programs included: A Waiting Child, a monthly TV segment featured through local news; the AdoptUSKids Website; and the Heart Gallery, which is a portrait exhibit shown at local shopping malls in two separate locations. These programs continue to heighten public awareness of the need for families for children that are older and those who have greater special needs. These media resources; however, are limited to non-native children who are free for adoption as culturally the tribal programs are hesitant to feature children and many of the parental rights remain intact. These media resources have been incorporated into policy for children in state custody and remain a resource for children awaiting permanent homes. It has proven to be effective for many of those children who have agreed to be featured.

Local offices plan and coordinate ongoing recruitment and retention events that have incorporated Tribal involvement and collaboration where feasible. Events have included: appreciation dinners, bowling parties, and activities for kids, Christmas celebrations and summer potlucks and barbecues in each region that promote support and retention of families. In the past, State and Tribal staff planned an appreciation dinner together to celebrate Native American foster families. Tribal and State staff in most of the regions worked together to set up information tables at many of the events held in Montana including Pow Wows, health and information fairs, and major Native American events. The regional staff continued to do outreach to local churches and groups to provide information to the community.

Many of these groups support the children in foster care through donations and events. There is continued collaboration for targeted recruitment and support through Child Placing Agencies, local support groups and programs such as Wendy's Wonderful Kids (through Lutheran Social Services) that focused on specific high needs children needing permanency. Grandparents Raising Grandchildren also provides support groups for kinship providers in the Billings area and continues to expand their outreach through different areas in the state. A Billings foster parent group in coordination with the agency has trained seasoned foster and adoptive families to mentor new families. A group name Child Bridge has also done child specific recruitment in Western Montana in partnership with local churches to help find permanent homes for children with no permanent placement identified.

The continued use of Answer.net call in service and the Ask About Foster Care website generates ongoing inquiries that are promptly sent out to State and Tribal staff. To gather better information from the inquirers, a new inquiry form was developed and added to the web site in June 2012. The information from this form has assisted the Committee in charge of this plan in determining what types of outreach techniques were most productive in a diverse state such as Montana. SFY 2013 data indicated that "Word of Mouth" had the largest impact on recruitment (71%), followed by the Website search and Newspaper articles. This inquiry form has been made available for the Answer.net service and to the field staff as part of their recruitment packet. In SFY 2013, the Website logged 324 entries, only 10 of these were out of state. In SFY 2014 (excluding May and June 2014), the site has logged in 235 entries with only 11 out of state. 4 of the out of state entries were families relocating to Montana. Unfortunately, very few of these entries were families that had disclosed Tribal Affiliations since the implementation of the form. In SFY 2013, 47 out of 324 entries recorded tribal affiliation. In SFY 2014, 13 out of 235 entries recorded tribal affiliation. These families' inquiries were forwarded to the corresponding tribal licensing staff. SFY 2013 also indicated that word of mouth was the most widely used as a referral source. This remained consistent for SFY 2014. CFSD will continue to utilize this service and data to better inform recruitment and retention efforts.

At the present, Montana does not have the significant number of Spanish speaking families or families that speak languages other than English. CFSD recognizes that the Spanish speaking population is becoming more prevalent and as this population continues to grow in Montana, the division will look for ways to provide information on foster parent recruitment and retention in Spanish. CFSD does not charge fees to individuals wishing to become a foster or adoptive parent and our adoption subsidy agreements allow for up to \$2000 in one time attorney fees to be covered by the agency.

CFSD is also looking at ways to make our licensing more efficient. An unintended consequence of increased kinship placements is increased workload on FRS (licensing) staff. Kinship placements are most often only interested in providing care for their family members and result in an increased number of licensing studies for families that serve a smaller number of children over time.

B. Health Care Oversight and Coordination Plan

During the past year, the Division continued to conduct ongoing meetings with key stakeholders, including the State Title XIX (Medicaid) agency, and has included consultation with pediatricians and other experts in health care and experts in and recipients of child welfare services in the plan up to this point. Although the State's plan includes numerous activities yet to be accomplished, CFSD has made progress in moving forward with the previously defined plan. In many areas, the plan remains in its development stage and will continue to be refined as plan continues to be implemented during over the course of the next year.

A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice

CFSD continues to use the existing Montana Medicaid schedule for initial and follow-up health screenings; in conjunction with, the Administrative Rule in Montana that requires all youth entering foster care receive an EPSDT screening within 30 days. If any mental health or dental needs are identified during this EPSDT screening, these services are eligible for Medicaid payment. Furthermore, investigation policy states, in part, that any child “should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been removed from a methamphetamine lab or there is reason to believe the child may have drugs in their system due to actions by the parent.” This policy will continue to be evaluated to determine if changes or enhancements should be made in the future. In particular, the DPHHS Medicaid Division has hired a position to focus on the Montana EPSDT requirements. CFSD has initiated work with this position to ensure that the EPSDT screening includes as comprehensive a screening as possible as this is a universal screening received by all children entering into foster care. This recommended EPSDT screening tool developed by this position was distributed to Pediatricians throughout Montana and to the Montana Chapter of the American Academy of Pediatrics at a symposium on May 31, 2013. CFSD has also changed its policy to require that more children are referred for Part C screening to determine eligibility for these services. Due to a reduction in substantiations related to the PIP and SAMS implementation, CFSD policy now requires that not only children with substantiated abuse and/or neglect allegations, but also all children being served by CFSD in an in-home or out-of-home safety plan, be referred to Part C. It is hoped that by making these screenings universal for the foster care population, more children with developmental disabilities, whether related to emotional trauma or cognitively based, will access entitlement services that will improve the well-being of the child. CFSD continues to work with the Children’s Mental Health Bureau to implement the CANS functional assessment with children and families who CFSD serves. The plan is that all children in out of home placement (not just those participating in the Title IV-E Waiver) will be assessed using CANS every six months beginning January 2015. By including trauma-informed screenings and assessments, it will allow CFSD to better screen the emotional health of all children in foster care.

Children in the Montana Medicaid Passport to Health program also continue to receive magnets that identify well child check-up and immunization schedules. (These magnets also contain a phone number for a free Nurse First health advice line that foster parents can call 24/7 with questions about their foster child’s health.) These guidelines are consistent with the American Academy of Pediatrics recommended well child check and immunization guidelines. They recommend at least annual well child checks for all children in foster care. The Department also continues to work to gain access to an immunization database maintained by the Public Health and Safety Division; however, staff turnover and a vacancy in this Division has resulted in no progress being made in regards to this goal over the past year.

Although the Children’s Special Health Services Bureau received a grant that CFSD had also hoped to use in meeting this goal, as previously stated, the position responsible for administration of this grant has been vacant for nearly the entire year. A replacement has been hired and will start in July 2014; therefore, more progress should occur in the next year if the grant is still maintained.

How health needs identified through screenings will be monitored and treated

CFSD will continue to work with the Medicaid Division to obtain ongoing reports on foster children that list the health (physical, mental, and dental) needs identified through required screenings; as well as, the treatment and services received. CFSD has analyzed the use of CAPS screens and determined

that the Medicaid system data is far superior to anything that could be captured by CFSD workers; therefore, moving forward, the goal is to create a shared system of data as new DPHHS systems are constructed and completed. In addition, until that point in time, the CFSD data analyst position will be responsible for ongoing analysis of the data to ensure that children's identified health care needs are met. With a vacancy in this position, further analysis of health care needs has been delayed. However, in the interim, CFSD has continued to monitor this aspect of the plan through its internal peer case reviews. Ideally, the goal of CFSD is still to create information sharing that allows the Child Protection Specialist to collect a child's records and monitor whether their needs identified through screenings have been met electronically. As CFSD works to update the requirements for a new SACWIS system, it will include an interface with the MMIS system currently under construction. Also, as Montana moves forward with implementing interviews as part of its CQI process, CFSD will be obtaining additional information on health screenings and the follow-up resulting from the screenings. CFSD is changing how it conducts its case reviews, and it should improve collection of this data. Also, CFSD has created a new staff type titled the Child Welfare Manager (CWM – described previously). There are 5 of these staff in the State (one per Region) and part of their responsibilities is to ensure permanency, safety and wellbeing outcomes are being addressed in all cases. These staff will be looking at cases and working directly with CPS staff and supervisors to ensure mental health, physical health and dental needs of all children in care are being appropriately addressed and treatment recommendations are being followed.

How medical information will be updated and appropriately shared, which may include establishing developing and implementing an electronic health record

Montana's Medicaid Division has two different programs under which a current foster child may come into care, or become eligible for once in foster care. One of these programs, Passport to Health, includes medical homes for its patients. After further discussion and analysis, it was determined that it would not be in the best interests of children or their families to move all children to Passport to Health Medicaid due to regulations that would impede access to services for children in foster care. Therefore, the plan has been amended to include ongoing work with the Children's Special Health Needs Bureau that received a grant designed to assist in implementing a medical home model for children with special health care needs as this population includes children in foster care. Unfortunately, the position responsible for implementation of the grant has been vacant for nearly the entire year. A replacement has just recently been hired and ongoing work will continue next year. In addition, as CFSD continues to work with Medicaid, as the Affordable Care Act is implemented, electronic health records will continue to proliferate, and this goal will become more easily achieved in the future. At this time, given that nearly all of the children in foster care in Montana receive Medicaid, CFSD already has access to nearly complete medical record files on these children, with the exception of the records that exist from before a child came into care if he or she was not a Medicaid recipient. The bigger issue at this point in time is gaining access to those records for CFSD employees and the current treating medical professionals for these children.

CFSD continues to work with the two County Public Health Offices in Montana, one in Missoula and one in Great Falls, that run pilot medical home programs for foster children. These programs continue to be included in the development of this plan and will be consulted on an ongoing basis. The key component to these programs, which does not currently exist in the Medicaid Program, is that each child is assigned a registered public health nurse who develops a health care plan for the child and then monitors the health care plan. This initial plan requires further evaluation of these programs and the ability to replicate them elsewhere, based on availability of resources, both financial and other. Although CFSD has found this model to be effective, the funding is not currently available to implement the program statewide. CFSD continues to collect data on the Missoula project and hopes to present at

the 2014 Public Health conference on the outcomes achieved thus far. With the ongoing implementation of ACA, and the further expansion of evidence-based home visiting, this objective may be modified during the next year.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care

CFSD continues to work with the Medicaid division on implementation of medical homes for every child in care; however, CFSD does not have sufficient funding to accomplish this without Medicaid support and involvement. Several meetings have taken place with the State Medicaid Director, and a plan on this will be created during this APSR time period. Furthermore, requirements in the new SACWIS system will allow CFSD to ensure continuity of health care services that cannot be done currently in CAPS. All CFSD children coming into care in Missoula County, as part of a pilot with the Public Health Department, have medical homes and continuity of service plans. Therefore, there is a model that can be replicated once adequate funding becomes available.

The oversight of prescription medicines (including psychotropic medications)

The Health Resources Division has a Behavioral Pharmacy Management Program which meets monthly to review the use of psychotropic medications for all children receiving Medicaid. The committee reviews the types of medications used and the number of children receiving the medication. The committee also reviews any case that is outside the preferred recommended usage for that particular medication. These may include dosages above the recommended dosage, use of 2 or more medications of the same class of drug, use of 2 or more medications of different classes within the same time frame, and multiple prescribers for the same client. This committee then will provide the prescriber with a finding of their concerns and educational material that relate to the specified issue. This service has been greatly expanded for foster children in the past year as described in the following proposal:

Through its various contractors, Mountain-Pacific Quality Health currently manages pharmaceutical services for Montana Medicaid recipients through Drug Utilization Review (DUR) and administration of the Drug Utilization Review Board, Formulary Management, Prior Authorization (PA), and Pharmacy Case Management (PCM). These contracted services share information about recipient drug use with providers and restrict utilization of some medications or therapeutic categories through benefit design implementation. Mountain-Pacific has been providing DUR and Prior Authorization services to the Department for nearly 20 years. The Pharmacy Case Management Program, the newest addition to services provided, was piloted to Montana Medicaid in 2002 and fully implemented in 2003. Initially the program focused on high utilizers of Medicaid services and patients with polypharmacy. Evidence-based prescriber education performed by clinical pharmacist staff also been incorporated into the program and enhanced optimum clinical outcomes. In FFY 2011, nearly 1300 clinical interventions were completed through the case management program, with positive clinical outcomes and nearly \$1,000,000 in annualized quantifiable cost savings provided to the Montana Medicaid pharmacy program.

Outline of Current Program

The Pharmacy Case Management Program utilizes components from all of the other pharmaceutical services but is more focused on individual patients. The Foundation contracts with Montana Medicaid for DUR services and administration of the Drug Utilization Review Board, which is comprised of five physicians and five pharmacists. This allows access to the data and reimbursement tools to make this

program possible. DPHHS (the Department) is very interested in this program as a way to help curb the huge increases in the pharmacy costs while utilizing the clinical integrity of the provider community.

This program has benefitted greatly from input and guidance from the various provider organizations, individual providers, practice groups, and pharmacy knowledge bases. A broad-based approach to this concept is needed since Medicaid patients seek care from a broad base of providers and specialties.

The clinical case management staff identifies patients for management, contacts providers of care for those patients, and discusses drug therapy problems directly with providers via direct voice communication. A consensus therapy plan is developed. A method for Medicaid to reimburse providers for their involvement just as if it were a scheduled appointment is built into the program. The outcome goals and level of payment for providers are outlined in the following sections.

1. Identify criteria for patient selection;
2. Identify patients based on criteria selected;
3. Set up an “appointment” with the recipient’s provider:
 - A scheduled office time that is reimbursed by Medicaid;
 - Providers are sent appropriate materials in advance of “appointment”;
 - Appointment is a telephone conference between clinical pharmacy staff at the Foundation and the respective provider(s);
4. Discuss medication or utilization issue with provider – share information;
5. Develop consensus therapy plan based on the patient; and
6. Measure effect within four to six months.

Program Expansion Proposal

In a recent letter to State Medicaid Directors, the Department of Public Health and Human Services has become increasingly concerned about the safe, appropriate, and effective use of psychotropic medications among children in foster care. CMS (The Centers for Medicare and Medicaid Services) is offering expanded opportunities to States to strengthen their systems for prescribing and monitoring psychotropic medication use among children in foster care. A glaring area of vulnerability for foster children is polypharmacy. A majority of children in foster care receiving psychotropic medications have multiple prescriptions. This increases the likelihood of drug interactions and other untoward effects.

Montana Medicaid proposes expanding the clinical pharmacy case management program to meet these demands. The following is a brief outline of the process to accomplish this task:

1. Clinical Case Management staff will meet with stakeholders for input (the Montana Psychiatric Association, NAMI representatives, and pediatric psychiatrists or APRN's). Input and approval is also expected from the Montana Medicaid Drug Utilization Review Board.
2. Based on current psychiatric treatment guidelines and input from the profession, patients with the following criteria are proposed to be initial candidates for the expanded pharmacy case management program:
 - Foster care recipient and,
 - More than one prescriber of antipsychotic meds in the same 45 days (high utilizer) or,
 - Three or more psychotropic medications in the same 45 days (high utilizer), or
 - Two or more atypical antipsychotic medications in the same 45 days (high utilizer)
3. Clinical case management staff will work with providers per the same case management protocols as noted above.
4. Establishment of Monitoring Procedures: It is proposed that pharmacy case management staff will work with the DUR Board and Montana Medicaid to establish required monitoring protocols

(including fasting glucose and cholesterol) for new start and established antipsychotic agents in foster children.

5. Academic Detailing: Webinars and live face-to-face visits are expected to be incorporated into the program.

Once this contract is fully in place, CFSD will work to develop a way to facilitate the information resulting from the review getting to CFSD staff and foster parents, in an effort to ensure that CFSD and caregivers for the children understand appropriate medication use for all foster children. CFSD has reviewed the data on the psychotropic medications being prescribed to children in foster care, and although the number of children receiving these drugs is not as high as predicted, CFSD remains concerned regarding the use of psychotropic medications for foster children and will monitor data that may be provided as a result of the reviews.

The contract with Mountain-Pacific Quality Health and the work done by their staff has been very well received by CFSD staff and clinicians across the State. This is one of the most impactful components of the Health Care Oversight & Coordination Plan. Data from calendar year 2013 shows 379 clinical interventions were performed with prescribing clinicians. Through this communication and education with prescribers there was a 23% reduction in atypical antipsychotic medications (either by drug discontinuation or dose reduction). Data also demonstrates that 75% of the of Medicaid foster care children age ≤ 18 yrs who were taking an atypical antipsychotic medication had not had metabolic syndrome lab monitoring performed. Case management clinical interventions provided under this project have proven a success rate of 34% in obtaining metabolic syndrome monitoring for these children. The significance in this testing is it may lead decreased long terms risks (e.g. diabetes, heart disease, obesity and joint problems) associated with these medications. Admittedly, there is still work to be done but this data shows prescribers are responding to and have appreciation for the information being provided by the pharmacist overseeing this project. Some additional benefits from this program:

- A direct line of communication between the pharmacist and CFSD staff. This can be initiated by either side. CPS staff can contact pharmacist with questions re: medications or potential drug interactions. Upon review of the Medicaid billing the pharmacists can make contact with the worker if there are concerns with dosage, interactions or patients are not keeping appts. for labs etc.
- Identification of abuse of stimulants
- Performed medication case reviews for children in institutional setting upon request of CPS worker.
- Creation of atypical antipsychotic prior authorization and informed consent requirements for prescribers and parents to improve the oversight of prescribing, as well as medication and lab monitoring education and compliance.
- Identification of other quality improvement opportunities such as: missing well child visits, unmanaged diabetes and use of psychotropic medications without therapy.
- Development of educational resources (i.e. atypical antipsychotic brochure for foster care parents and providers and medication history magnet with clinical pharmacist contact information for providers in need of medication histories or case review).
- In-person site visits to both rural and urban areas to share information and educational resources. These site visits are particularly helpful in building a positive working relationship with prescribers and CPS staff. CFSD will continue to advocate and to the extent possible help facilitate ongoing site visits.
- Since calendar year 2012 training and information has been presented/provided at Foster/Adoptive Parent Conference, CAN Conference, Tribal Association Conference and quarterly policy webinars.

- Development/distribution of prescriber newsletters on Pediatric Psychopharmacology by stakeholder Child Psychiatrists.

There are some areas in which CFSD would like to improve moving forward including:

- Continued decreases in the use of antipsychotic medications with youth in foster care.
- Continued increase in the use of metabolic syndrome lab monitoring.
- Increased ability to view medication for children in institutional/residential placements through Medicaid claims data.
- Implementation of greater oversight and intervention on stimulant prescribing.
- Increased opportunities for project pharmacist to work directly with foster parents, providers and CPS staff to include Tribal communities. This is viewed as integral to the continued success of this project.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for children

CFSD continues to meet with the group of key stakeholders, including medical and non-medical professionals and foster parents throughout the ongoing development and implementation of this plan. CFSD has invited a member of the Montana Academy of Pediatrics and a Montana Dental Association Pediatric Dentist to actively participate in consulting on the development and implementation of this plan. Dr. Caitlin Hall had indicated that she would work with CFSD on this plan during the upcoming year; however, she has been unable to attend.

The State will make efforts to increase its collaboration with the Chapter during the next year as it has not been able to make significant progress on this goal.

Steps to ensure that the components of the transition plan development process required under section 475(5)(h) that relate to health care needs of children aging out of foster care, including the new requirement to include options of health insurance, information about a health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met

CFSD contracted service providers have been trained on the above-requirement at mandatory training. The providers submit service logs documenting that all of the above-requirements have been met and note whether the child exercised his or her option to execute a health care proxy. This will be a standing agenda item for the annual business process meeting with the CFIP contractors.

C. Disaster Plan Summary

I. Plan Purposes

In the event of an emergency, the role of the Child and Family Services Division (CFSD) is to ensure the safety and well-being of the children in the care of the Department, and to ensure the continuity of services. The CFSD Disaster Plan provides specific actions for emergency situations; this includes provisions for coordination in the relocation of children in the Department's custody who are adversely affected by the disaster, the assessment of the ability of CFSD to function, and the assessment of the providers' needs.

II. Emergency Preparedness

CFSD's emergency preparedness efforts include the following:

- Development of state and local emergency plans
- Training staff and providers on the Division's Disaster Plan
- Backup of CFSD state automated information system
- Ensuring portable means of communication are available to field staff, cell phones and lap top computers

III. Possible CFSD Disaster Functions

The Division identified the following activities that may be carried out in the event of a disaster to ensure that children remain safe and there is a continuity of services:

- Communicating with partners during, after, and in anticipation of emergencies
- Assessing the capacity of CFSD to ensure the safety and well-being of children in the care of the of the Department, to ensure the continuity of services, and requesting assistance from partners to assist in meeting these responsibilities
- Assure continuity of response to reports of child abuse and neglect
- Other assistance specific to disaster needs

IV. Coordination of Effort in Disaster Response

CFSD will maintain ongoing communication with state and local emergency response teams and will participate in planning meetings as needed.

The Division Administrator and the Management Team will determine the level of response needed. CFSD field staff and partner agencies will be called as needed to assist in making decisions and/or facilitating responses. CFSD staff may be temporarily reassigned to accomplish specific duties.

When possible, the Management Team members will coordinate with the state and local emergency and disaster teams to ensure that efforts are not duplicated.

CFSD's website information may be used to communicate with clients and the community on disaster relief efforts and to provide contact information.

V. Command and Control

A. Disaster Response Activation Process

The Division Administrator will activate the CFSD disaster response.

Considerations for activation of a disaster response include the following:

- Declaration of state of emergency by the President of the United States, the Governor of Montana or other leaders
- Activation of the state emergency response team /state emergency operations center
- The need for action by CFSD

Due to the need for immediate action in a disaster, the Division Administrator or designee has the full authority to activate disaster functions and temporarily reassign CFSD staff as needed to achieve response functions.

B. Management Structure

CFSD will use a team structure to plan and oversee a disaster response. The Management Team will provide oversight and specific disaster response tasks as needed.

Regional coordination and collaboration will be managed by regional disaster teams.

CFSD's Management Team will make important decisions about emergency strategies, policies and resources. The CFSD Management Team will serve as the Division's Emergency Management Team. The Emergency Management Team may assist the Division Administrator with decisions as outlined in the following examples:

- Activation of disaster function teams
- Development of new disaster responses/policies as required for a specific emergency
- Development of requests for emergency resources (funding, personnel, equipment)
- Temporary reassignment of staff as needed to cope with a disaster

In addition to pure emergency management function, the Management Team will consider other teams' recommendations for new disaster functions and will review the annual update of the CFSD Disaster Plan.

- CFSD will depend upon regional and local offices to develop individual disaster teams. Supervisors will act as team leaders and will report to the Regional Administrator who will then report to the Management Team and the Division Administrator.
- Regional disaster teams will be used to facilitate communication and collaboration among CFSD and partner agencies at the regional level as well as promote clear communication between regional and state levels.

C. Linkages to the Broader Disaster Response

CFSD will collaborate with other agencies on disaster response activities through the State Emergency Operation Plan. As CFSD disaster team members consider disaster response actions, they will consult with the Disaster Coordinator for the Department of Public Health and Human Services as outlined in the State Emergency Operation Plan.

The Division Administrator or designee will participate in any statewide emergency planning processes and will make strategic decisions about coordination with other agencies.

CFSD will participate in the Department of Public Health and Human Services sponsored disaster coordination meetings and will share information about emergency management efforts with other disaster team leaders.

VI. Emergency Preparedness

A. Regular Review and Update of Disaster Plan

The Division Administrator will oversee the annual review of the plan. The Management Team will participate in decisions on changes to the plan and then the plan will be made available to CFSD staff and partners.

B. Training of CFSD Staff and Partners

The Disaster Plan will be distributed to CFSD staff via posting on the Department's intra net website and Outlook email communication. Additional safety tips and guidelines will be included with this information. Disaster Plan information will also be provided in new worker orientation.

Lists to assist with disaster plans including work and home contact information will be updated and revisions will be distributed to team members on an as-needed basis.

Orientation for staff with roles in disaster preparedness will be incorporated into regularly scheduled staff meetings whenever possible, for all disaster teams. (Example, regional staff meetings.)

Management Team members and supervisors who may act as team leaders for CFSD may be asked to participate in emergency drills and to attend meetings on disaster procedures.

C. Specific CFSD Preparations for Major Disasters

1. Securing Computer Data:

The Montana Department of Administration is responsible for backing up the CFSD computer records (CAPS) every night.

2. Critical File Information:

Every CFSD office that maintains hard copy files will identify a plan to preserve critical information in the event of a disaster.

3. Review of Disaster Roles and Processes:

If CFSD is advised there is an impending disaster, the Management Team will put staff on alert. Staff will review disaster plans, ensure that they have contact lists for their regional teams to maintain basic functions, identify steps that staff may take to respond to the specific scenario, and contact partners on how they will collaborate in the response to the disaster.

4. Communications With CFSD Providers:

The Division will use the CFSD website to give providers information on emergency preparedness, safe response to disasters and emergency contacts.

VII. Disaster Functions

A. Coordinating Disaster-Related Communications

Comprehensive CFSD Responsibilities

1. Identify and locate children in the Department's custody who were displaced due to the emergency.
2. Ensure the children in the state's care are safe and their immediate needs are met.
3. Continue to receive and respond to reports of child abuse and neglect in Montana.
4. Coordinate services and share information with other states via Centralized Intake.

Function Team Members

1. Division Administrator
2. DPHHS Public Information Officer
3. Department of Administration

CFSD Partners Who May Help With Continuity of CFSD Functions

1. Montana state department agencies: Administration, Agriculture, Education, Environmental Quality, Justice, Disaster and Emergency Services, Military Affairs, Corrections, Labor and Industry, Commerce, Revenue and Transportation.
2. Other agencies: the Red Cross, Salvation Army, professional associations and the private sector.

Before a Disaster

1. The CFSD Management Team will work with regional team leaders to develop and disseminate information to staff and partners.
2. CFSD will collaborate with providers by providing emergency procedures and contact information composed by local CFSD offices.

Implement Special Response

1. The Division Administrator or designee is the team leader in any disaster situation.
2. Regional Administrators will provide updates and assessments to the Division Administrator.
3. In consultation with the Management Team, the Division Administrator will develop specific plans to respond to the disaster and will communicate these plans with the lead agency responsible for the disaster as outlined in the State Emergency Operation Plan.
4. CFSD regional team leaders will convey general information between state and local levels and among regions.
5. The Department of Public Health and Humans Services will prepare and review press releases, disaster updates and other written communications regarding the disaster.
6. The Department of Administration will be responsible for the following tasks:
 - a. Update CFSD website pertinent information on the disaster for providers
 - b. Ensure CFSD's toll free numbers are working and will forward them to another physical location if necessary.
 - c. Ensure CFSD has access to the computer system, CAPS.

B. Locating Children in the State's Custody Who Are Displaced by the Disaster

Function Team Members

1. CFSD Management Team
2. CFSD Centralized Intake
3. Department of Administration

Before a Disaster

1. Providers who are caregivers for children in the Department's custody will be instructed that in the event of a disaster they are to contact their local CFSD office or Centralized Intake as soon as possible.
2. Youth who are in the Department's custody and living independently will be instructed that in the event of a disaster they are to contact their local CFSD office or Centralized Intake as soon as possible.

3. Records of children in the Department's custody will be maintained and kept updated in the state computer system (CAPS).

During a Disaster

Centralized Intake will be the immediate contact for providers and other agencies. Centralized Intake will maintain a master list of children in the Department's custody and will provide the Management Team with a list of children who have been located.

1. Foster parents and other providers caring for children in the Department's custody and those youth in the Department's custody who are living independently will be required to contact their local CFSD office or Centralized Intake at the CFSD toll free number as soon as possible following a disaster in their area, and will provide information related to the child's current location and any physical or health needs.
2. The Management Team will communicate with local offices and officials regarding the status of children in the Department's custody. The Management Team will develop a plan to locate any missing children and which agencies the Department may need to provide assistance.

C. Assessment of Agency Functionality

Function Team Members

1. Division Administrator
2. Management Team
3. CFSD Field Supervisors and Teams
4. Disaster Emergency Services Coordinator

Before a Disaster

The Division Administrator will clarify with the Management Team the assignment of roles for the CFSD Continuity Plan to ensure CFSD functions in a disaster.

Following a Disaster

As soon as possible following a disaster:

1. The Division Administrator will work with the Management Team to identify the impact on CFSD staff, the central office, computer and phone systems, and identify resources needed to address negative impacts.
2. If local CFSD offices were severely impacted and unable to continue services, the Management Team will coordinate to reassign staff from other regions to assist in providing services.
3. The Management Team will contact the Disaster Emergency Services to be informed of ongoing services in the area and to request assistance to accomplish essential functions of the Division.
4. Assessments will be conducted until the Division has returned to standard operation.

Continuity of Services

Function Team Members

1. Division Administrator
2. Management Team
3. CFSD Field Supervisors and Teams

Following a Disaster

1. The Division Administrator will meet with the Management Team to review the Division's functionality assessment and they will develop a strategic plan to provide essential services as well as a plan to return to standard operation.
2. The Division Administrator may temporarily reassign workers from other parts of the state to provide emergency services as needed.
3. The Management Team will ensure that fiscal payments are made to providers to maintain continued services to the children they serve.
4. The Management Team will authorize the implementation of emergency policies needed to ensure that children in the Department's custody are safe and that their immediate needs are met.

C. Training Plan

As CFSD looks to the issue training over the next five years, the approach will incorporate sustained emphasis on implementation of the Safety Assessment and Management System (SAMS) and continuation of a range of initial and ongoing in-service trainings, conferences, foster and adoptive trainings, and the educational partnerships with the University of Montana and Confederated Salish Kootenai College that are outlined below.

With Montana being officially selected as a 2013 Title IV-E Child Welfare Demonstration Project state, CFSD will be working toward implementation of the goals outlined in their waiver demonstration project service proposal. This will entail maintaining focus on supportive and collaborative endeavors, with examples including the Children and Adolescent Needs and Strengths Assessment (CANS), and SafeCare.

The CANS assessment, with funding procured via the Montana Children's Mental Health Bureau, is a strength based youth and family service focused assessment that preserves emphasis on serving youth and family and that also measures accountability at the provider and systems level. As stated, the CANS assessment will be utilized as a component of the Title IV-E Waiver Demonstration Project and is slated to be part of the assessment process for all CFSD cases starting in 2015. There are currently 10 trainings scheduled in 2014 (April through September).

SafeCare is an evidence based home visiting program proven to reduce child maltreatment among families with a history for maltreatment or with risk factors for maltreatment that is being implemented in a collaborative partnership with the Child and Family Services Division through the Title IV-E Demonstration Waiver program, as well as with the Public Health and Safety Division through the Maternal and Early Childhood Home Visitation program. Funding for this project is through the Maternal, Infant and Early Childhood Home Visiting funds via a grant from the Health, Resources and Services Administration (HRSA) to Montana's Public Health and Safety Division. Training dates, between June 2014 and January 2015 are in place.

Initial In-Service Training

As of this writing in May, 2014:

Mandatory policy training for all staff occurs on a quarterly basis.

All CFSD staff except administrative support and Fiscal Bureau staff are required to complete Montana Child Abuse and Neglect Training (MCAN) as soon as possible.

All CFSD Supervisors, Child Protection Specialists, Centralized Intake Specialists, Family Resource Specialists and other specified employees are required to complete CAPS training within six months of their being hired.

All field and Centralized Intake Supervisors will complete the New Workers Orientation Packet with all new Child Protection Specialists, Centralized Intake Specialists and, Case Aides if appropriate, within 45 days of the child protection specialists, centralized intake specialists and case aides being hired or complete the New Workers Orientation Packet that is incorporated in the VISA/ Cookbook section of the University of Montana's Child Welfare Partnership, whichever is in place at the time of hire.

All Centralized Intake, field and program staff are required to participate in all Policy Training.

All Child Protection Specialists are required to complete Forensic Interviewing Training within 18 months after being hired unless a Regional Administrator excuses them from this training.

All Regional Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete Keeping Children Safe (KCS) within 24 months after being hired.

All Child Protection Specialists, Family Resource Specialists and Supervisors are required to complete annual blood-borne pathogen training.

All new CFSD staff are required to complete HIPAA training within 30 days of being hired.

The Child and Family Services Division (CFSD) Training Unit supports and/or provides the following ongoing training:

INITIAL STAFF TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
MCAN (Classroom) Funding Source: IV-E, General Fund	The training will address an integrated delivery model regarding the framework for Child Protection Practice in Montana, legal issues, confidentiality, ICWA, specifics of child maltreatment (abuse/neglect identification), family centered practice and engagement, and the Family Functioning Assessment and Safety Assessment Management System. Additional topics will include out of home placements, case management, substantiations/fair hearings, and preparation for court. Fieldwork activities to reinforce transfer of learning are included.	CFSD Central Office	CFSD Training Officer	96 hours	New Caseworkers	4 times per year	Development of a case plan, case review, case management, family centered social work practice, cultural competency, permanency planning using kinship care, general substance abuse, domestic violence, and mental health issues, effects of separation, grief and loss, child development, and visitation, communication skills, family preservation, assessments regarding determination of need for removal, ethics, service referrals
MCAN (online)	Participants will be trained on the	Online	University of Montana	14.5 Hours	New Caseworkers	2-4 times per year in each	Case plan documentation, case review, case

	following: Moodle 101, non-discrimination in child protection, child development, professional skills development, cultural awareness, documentation, developmental considerations when interviewing children, ethics, and HIPAA		Staff Development Specialist			region/ Short-Term	management. ethics, child development, cultural competency
CAPS Funding Source: IV-E, General Fund	CAPS is CFSD's case information recording and provider-payment system.	Computer training site, Helena, MT	Trainer provided under contract via Northrop Grumman	32 hours for all new employees, 20 hour adjunct training for licensing staff	New Caseworkers, Licensing Caseworkers	12 per year for basic CAPS, 4 times per year licensing course	Case management, documentation.
Estimated Total Cost of Training Type:	\$564,000.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.						

ONGOING IN-SERVICE TRAINING

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
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Forensic Interview Training Funding Source: CJA Grant	Participants build skills that will help them effectively interview children alleged to be victims of child abuse or neglect. They will develop skills that will enable them to conduct interviews in a manner that will decrease the traumatic effect of the interview on the child.	Montana POST Academy, Helena	Department of Justice and contracted presenter	5 days	CFSD staff, Tribal staff, Law Enforcement	2 times per year	Case management, case review and documentation, communication skills, assessments to determine need for removal, confidentiality, ethics
Policy Training Funding Source: CAPTA Grant	The training focuses of new statutes and policy with review of policy as needed.	WebEx (online)	CFSD staff and guest presenters	4 hours	CFSD staff, in-home services providers, Tribal social services staff	Quarterly	Case management, case review, documentation
Qualified Expert Witness Training Funding Source: CJA Grant	Topics of training will include review of the QEW handbook, case preparation and presentation, and an overview of ICWA.	Conference center		12 hours		Annually	Case management, case review and documentation, cultural competency
Family Resource Specialist Training Funding Source: IV-E, General Fund	The training offers information regarding Structured Adoption Family Evaluation (SAFE), confidentiality and sharing case records, provision of home and community services, and policy and forms updates, case scenarios,	Conference center	CFSD staff and guest presenters	12 hours	CFSD FRS staff	Annually	Case management, case review, case documentation

Supervisors' Leadership Trainings Funding Source: CAPTA Grant	Focus will continue to be implementation of the SAMS model, fidelity review, and implementation of Montana's Title IV-E Waiver Demonstration project.	Conference center	CFSD staff and guest speakers	16 hours	CFSD supervisory staff and Management Team	Quarterly	Case management, case review, case documentation
Cultural Competency Funding Source: Title IV-E Waiver Developmental Cost Plan	The training will address the ability to increase cultural awareness and to develop skills toward more effectively understanding, communicating with, and interacting with people across cultures.		University of Montana presenter	5 hours	CFSD staff	Annually	Cultural competency
Family Development Specialist Funding Source: Title IV-E Waiver Developmental Cost Plan	The agenda includes family development, philosophy (partnering, not rescuing), cultural competence in family development, the assisting relationship, assessment skills, goal setting and case planning, nurturing and support strategies, community advocacy and development, and self-care.	Conference center	University of Iowa presenter	80 hours		Annually	Case management, case review, case documentation, family centered practice
Congregate Care Provider Training Funding Source: State General Fund	Training topics include legislative and policy changes, case file reviews, updating facility profiles, and mandatory reporter guidelines.	Conference center	CFSD staff and guest speakers	8 hours	CFSD staff and contracted in-home provider staff	Annually	Case management, case review, case documentation

Estimated Total Cost of Training Type:	\$322,775.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.						

CONFERENCES

Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/Duration	Title IV-E Administrative Functions
Prevent Child Abuse and Neglect Conference Funding Source: CAPTA and CJA Grants	Participants will attend workshops that will outline current child welfare issues, identify practice guidelines, principles or skills, and address treatment or service delivery programs, services or models that may help workers address needs of their clients and provide effective case management.	Conference center	CFSD staff and guest speakers	2 days	CFSD staff, foster/adoptive parents, law enforcement, CASA, judicial, educational, direct service providers, and medical providers	Annually	Case management, data entry and collection, cultural competency, family centered practice, child abuse and neglect issues including impact on children, permanency planning
Montana Foster and Adoptive Parent Association Conference (MSFAPA)	Participants will attend workshops that will address current child welfare issues pertaining to foster and adoptive parents.	Conference center	CFSD staff and guest speakers	2 days	CFSD staff, foster/adoptive parents	Annually	Family centered practice, cultural competency, overviews of child abuse/neglect issues, effects of separation,

Funding Source: IV-E, General Fund							<i>grief/loss, child development, visitation</i>
Tribal Social Services Association Conference Funding Source: CAPTA Grant	<i>Attendees will participate in workshops that will present current child welfare issues from a Tribal perspective.</i>	<i>Conference center</i>	<i>SFSD staff, Tribal representatives, guest speakers</i>	<i>3 days</i>	<i>CFSD staff, Tribal Social Services</i>	<i>Annually</i>	<i>Cultural competency</i>
Estimated Total Cost of Training Type:	\$351,450.00						
Cost Allocation Methodology	<i>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.</i>						

FOSTER AND ADOPTIVE PARENT TRAINING

Course Title	Course Description	Setting/Venue	Proposed Provider	Approximate Number of	Audience	Frequency/Duration	Title IV-E Administrative
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				hours/days			Functions
Keeping Children Safe (KCS) Training IV-E, General Fund	Participants will receive training that will qualify them to become licensed foster parents. Training includes an orientation to foster parenting; licensing and medical policy; child abuse and neglect; the impact of abuse on development; attachment, grief, and loss; discipline and stress management, adoption and permanency; as well as cultural issues relating to the primary family.	CFSD offices, Community sites throughout the state	CFSD staff, foster parent co-trainers	18 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes
Creating a Lifelong Family Funding Source: IV-E, General Fund		offices, Community sites throughout the state	CFSD staff	6 hours	Current and potential foster, foster to adopt, and adoptive parents	Monthly	Recruitment and licensing of foster homes
Estimated Total Cost of This Training Type	\$9,000.00						
Cost Allocation Methodology	<p>CFSD</p> <p>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.</p>						

LONG TERM TRAINING FOR PERSONS EMPLOYED BY OR PREPARING FOR EMPLOYMENT

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
University of Montana, Title IV-E Stipend Program, Bachelor of Social Work Funding Source: IV-E	Bachelor's level Social Work curriculum emphasizes the professional competencies required for social work practice in a public child welfare setting and includes interfacing with foster care, adoption assistance, and group home care programs and working effectively with professionals in the medical, educational, and judicial systems. Through the program, students are able to address social problems from a broad ecological and strengths based perspective moving between fields of practice, incorporating best practices into their professional repertoire, applying critical thinking skills to all phases of the change process, critiquing themselves and professional approaches, and utilizing a framework for social justice to address complex problems at all levels of society.	University of Montana, College of Social Work	BSW Program Faculty	BSW students may take the stipend for a maximum of 4 semesters; however, the usual duration is 2 semesters.	Students accepted to the BSW program commit to employment with CFSD.	Annually/ Long-Term	Referral to services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics
University of Montana, Title IV-E Stipend	Master's level Social Work curriculum emphasizes providing students with frameworks for understanding historical, political, and cultural contexts of	University of Montana, School of Social Work	MSW Program Faculty	MSW students that are CFSD employees	Non-employee MSW students or	Annually/ Long-Term	Referral to services, Preparation and participation in

Program, Master of Social Work Funding Source: IV-E	practice, honoring difference, confronting oppression, and taking action for social justice; preparing students to bridge direct practice with individuals, groups, and families and the knowledge and skills of community building; teaching students to integrate research, policy analysis, and advocacy in their practice regardless of setting, problem area, or specific job description; and preparing students as social work leaders committed to promotion of empowering, participatory, social-justice-oriented practice.			may take the stipend for between 4 to 6 semesters (most utilize the 2 semester option). Non-CFSD employee MSW students may take the stipend for two semesters.	MSW student employees of CFSD participating in the MSW program commit to employment with CFSD.		judicial determinations, Placement of children, Development of a case plan, Case review, Case management and supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, ethics
Confederated Salish Kootenai College, Title IV-E Stipend Program, Bachelor of Social Work (SKC sub-contracts with Walla-Walla	The BSW and MSW curriculums emphasize Identification as a professional social worker, application of social work ethical principles to guide professional practice, critical thinking to inform and communicate professional judgments, diversity and difference in practice, human rights and social and economic justice, research-informed practice and practice-informed research, knowledge of human behavior and the social environment, policy practice to	BSW/SKC campus MSW/ Walla-Walla University Campus	SKC program faculty Walla-Walla University Program faculty	BSW students typically take the stipend for six quarters MSW students typically take the stipend for between	BSW students accepted into the program commit to employment in the Child Welfare System MSW	Annually/ Long-Term	Referral to services, Preparation and participation in judicial determinations, Placement of children, Development of a case plan, Case review, Case management and

University to provide SKC students access to an accredited MSW program). Funding Source: IV-E	advance social and economic well-being and to deliver effective social work services, response to contexts that shape practice, and the expectation of engagement, assessment, intervention, and evaluation with individuals, families, groups, organizations, and communities.			4-8 quarters	students accepted into the program commit to employment in the Child Welfare System		supervision, social work practice and methods, cultural competency, child abuse and neglect issues (the impact of child abuse and neglect on a child), permanency planning, general substance abuse, domestic violence, and mental health issues, referral to services, ethics
Estimated Total Cost of This Training Type	\$2,126,751.00						
Cost Allocation Methodology	CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.						

OTHERS TRAININGS

Course Title	Course Description	Setting/ Venue	Proposed Provider	Approximate Number of hours/days	Audience	Frequency/ Duration	Title IV-E Administrative Functions
Printed Resource Materials	Resources reprinted every year include the “School Guidelines on Child Abuse and Neglect” and the	Printed materials	CFSD- Brochures are	N/A	Current and potential	Updated annually	Service referral

Funding Source: CJA Grant	<p>“What Happens Next? A guide to the CFSD’s child protection services (cps).”</p> <p>Centralized Intake (CI) brochures – The brochures explain the toll free child abuse hotline information, includes a section on “Why Does Montana Have Centralized Intake?” What can you expect when you call CI; defines what a CI Specialist is, defines the Roles of the CI Specialists, and defines the overall purpose of CI. This brochure distributed at conferences, trainings, and other meetings.</p>		distributed to the county offices and other appropriate organizations including local schools. The “What Happens Next?” booklets are distributed to families working within the cps system, to mandatory reporters, school districts, and other interested organizations		foster, foster to adopt, and adoptive parents		
Estimated Total Cost of This Training Type	\$3,875.00						

Cost Allocation Methodology	<i>CFSD claims Title IV-E allowable training at 75% federal funds and 25% general funds, per the approved cost allocation plan direct-charge methodology. When training sessions involve both Title IV-E-allowable training (75% federal) and other training (50% federal), the costs are segregated between IV-E allowable training and training that is allowable at the lesser funding ratio. Both cost items are then claimed per the approved cost allocation plan direct-charge methodology to ensure that only IV-E allowable costs are claimed on the quarterly federal reports.</i>
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Section E. Financial Information

1. Payment Limitations – Title IV-B, Subpart 1:

- Montana does not use IV-B, subpart 1 payments for child care, foster care, foster care maintenance or adoption assistance. Use of these funds is limited to child welfare services that are cost allocated through our federally-approved cost allocation plan.
- In FY 2005, Montana spent and reported \$0.00 of IV-B, subpart 1 payments for child care, foster care maintenance, and adoption assistance payments.
- In FY 2014, Montana may expend \$317,478 in non-Federal funds for foster care maintenance payments that may be used as match for the FY 2015 Title IV-B, subpart 1 award.
- In FY 2005, Montana expended \$317,478 of non-federal funds for foster care maintenance payments and used as part of the title IV-B, subpart 1 State match for FY 2005.

2. Payment Limitations – Title IV-B, Subpart 2:

- A minimum of 20% will be expended on each of the four services. Due to actual administrative costs being less than 10%, additional funding will be spent on Family Preservation Services, Family Support Services and Time-Limited Reunification Services. Planned and actual expenditures will be reported via the CFS-101.
- Montana spends less than 10% of the total IV-B, subpart 2 allocation on administrative costs.
- In FY 2012, Montana expended \$1,153,829 in State and local share expenditures for the purposes of title IV-B, subpart 2.